See also 31847-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 28565 Rev 10/39

Registration District No. REC'D SEP 19 1939

Primary Registration District No. 5110A

Registrar's No. 29

**1. PLACE OF DEATH:**

(a) County Boone

(b) City or town Rural - Cedar Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cedar Township - Boone Co., Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) 455

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone

(c) City or town Columbia, Mo (If outside city or town limits, write "RURAL")

(d) ~~Street No.~~ R. F. D. #4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME THOMAS W. COLEMAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eliza Coleman

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 24 (Day) 1867 (Year)

8. AGE: Years 72 Months 6 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name W. W. Coleman
13. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Anna Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs O. W. Boatwell

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-39 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Parker Furniture Co

(b) Address Columbia, Mo.

19. (a) Sept 14-39 (Date received local registrar) (b) Frances Nichols (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 8 year 1939 hour 8:00 minute P.M.

21. I hereby certify that I attended the deceased from Sep 7th, 1939, to Sep 8th, 1939; that I last saw him alive on Sep 8th, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Injury - Fall on Stomach on Sep 7th 1939

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Sep 7th 1939

(c) Where did injury occur? at home from fall (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)

While at work? yes (e) Means of injury fell while

23. Signature Lloyd Simpson (M. D. or other) X

Address Columbia Mo Date signed Sep 12

73 Charging a hog

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19811

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Tom McGary Jr.

Licensed Embalmer No. 4067

P. O. Address Columbia, Me

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**