

NOV 8 1939
Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 212

1. PLACE OF DEATH: Boone 2
(a) County
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 508 Sexton Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community Life years, months or days)

8. (a) PRINT FULL NAME Lou Allen Coats
8. (b) If veteran, name war no 8. (c) Social Security No. 490-07-0563

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ella May Coats 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Dec 6 1889 (Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Boone Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Car Carpenter 0

11. Industry or business Car Carpenter 0

12. Name T. N. Coats 0

13. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Bettie Frost

15. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella May Coats

(b) Address 508 Sexton Rd Columbia Mo

17. (a) Memorial Park (b) Date thereof Oct 21 1939
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director A. O'Brien

(b) Address Columbia Mo

19. (a) 10/21/39 (b) Allie Selby 74
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 508 Sexton Rd (If rural, give location)
(e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 19th
year 1939 hour 1.20 minute P. M.

21. I hereby certify that I attended the deceased from Oct 15-1939
Oct 19th 1939, 1939,
that I last saw him alive on Oct 19th 1939, 1939

and that death occurred on the date and hour stated above.
Immediate cause of death Aneurysm Duration
Due to Atherosclerosis

Due to _____
Other conditions 1/21
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ (e) Means of injury _____
While at work? _____
23. Signature Ed Simpson (M. D. certifier)
Address Columbia Date signed 10-21-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

FORM 5-17-39
REV. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1938

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.....

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

working under my personal supervision.

Willet
FUNERAL HOME
COLUMBIA, MO.

Signed *[Signature]*.....

Licensed Embalmer No. *3185*

P. O. Address *Columbia MO*

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.