

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.

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 344

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Dutton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Leroy Coffelt 143
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hattie Ann Cobb Coffelt 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June 29 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hospital attendant

11. Industry or business _____

MOTHER FATHER
12. Name Eliza Coffelt
13. Birthplace D.K.
(City, town, or county) (State or foreign country)
14. Maiden name Lamiea Sheldon
15. Birthplace D.K.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hattie Coffelt
(b) Address Dutton, Missouri

17. (a) burial (b) Date thereof Jan 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willcrest
18. (a) Signature of funeral director Leo S. Wallace
(b) Address Dutton, Missouri
19. (a) Jan 1 1940 (b) P. N. Crews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Dutton
(If outside city or town limits, write "RURAL")
(d) Street No. 208 Oak
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 1939
year 1939 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 18 1939, to Dec 31 1939
that I last saw him alive on Dec 30 1939
and that death occurred on the date and hour stated above.

Immediate cause of death:
Apoplexy
Due to Arterio Sclerosis
Due to _____
Other conditions \$7.00
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature P. N. Crews (M. D. or other) _____
Address Dutton, Mo Date signed 1/1/40

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.

Signed..... *Harold J. Christy*
Licensed Embalmer No..... *4002*
P. O. Address..... *Putton 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.