

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11424

Registration District No. 421

Primary Registration District No. 5275

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Jefferson  
(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) 7  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days 1 yr

3. (a) PRINT FULL NAME Helen Bernice Coleman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-18-5129

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 12 1922  
(Month) (Day) (Year)

8. AGE: Years 17 Months 11 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace New Florence Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Coleman  
13. Birthplace Danville Mo  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Ethel Jenn  
15. Birthplace Williamsburg Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas. Coleman  
(b) Address Festus Mo. R.R.

17. (a) Burial (b) Date thereof 3-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Mo

18. (a) Signature of funeral director E. L. Fink  
(b) Address Festus Mo.

19. (a) 3/26/40 (b) J. E. Rutledge MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Festus R.R.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24<sup>th</sup>  
year 1940 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from 1  
March 23, 1940, to March 4, 1940  
that I last saw her alive on March 23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Labor Duration 3 days

Due to \_\_\_\_\_

Due to Bronchitis

Other conditions entericum

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 105  
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? Yes

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Rutledge (M. D. or other) !  
Address Festus Date signed \_\_\_\_\_

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

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.

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**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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Festus 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.**