

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**18745**

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 411

(b) Township Wayne Primary Registration District No. 2002 Registered No. \_\_\_\_\_

(c) City Wayne (d) Street No. 1315 Pennsylvania St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. da. \_\_\_\_\_

2. PRINT FULL NAME John M. Coker

(a) Residence, No. 1315 Pennsylvania (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS.**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Lee Coker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1901

7. AGE YEARS 39 MONTHS 4 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mill Man

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne, Mo.

FATHER

13. NAME John Coker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne, Mo.

MOTHER

15. MAIDEN NAME Ellen Hammer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne, Mo.

17. INFORMANT (ADDRESS) Anna Lee Coker, Wayne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wayne City Cem. DATE May 21, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wayne City Bur. Co., Wayne, Mo. 372

20. FILED 5-21-40 Ed D. Jarman Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1940

22. I HEREBY CERTIFY that I attended deceased from May 11, 1940 to May 18, 1940

I last saw him alive on May 18, 1940 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Degenerative Heart  
Myocardial Regeneration

Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) John G. Jarman M. D.

(Address) 708 S. Main St., Wayne, Mo.

(Licensed Embalmer's Statement on Reverse Side)

40-6-135

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**