DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

Registration District No. 218

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21588

Primary Registration District No. 3013-

Registrar's No. 55

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
TENTH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County COOPER

(c) City or town BOONVILLE, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. TENTH STREET.
(If rural, give location)

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

3. (a) PRINT FULL NAME JAMES W. COLEMAN 455

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased MARCH (Month) 17 (Day) 1930 (Year)

8. AGE: Years 10 | Months 3 | Days 29 | If less than one day ____ hr. ____ min.

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

10. Usual occupation SCHOOL BOY

11. Industry or business SCHOOL

FATHER
12. Name JAMES NASH
13. Birthplace UNKNOWN (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name LOUISA COLEMAN
15. Birthplace COOPER COUNTY (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature Louisa Coleman
(b) Address Boonville Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 17-1940 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER-KOENIG
(b) Address BOONVILLE, MO.

19. (a) 6-17-40 (Date received local registrar) (b) D. E. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15th year 1940 hour 3:20 minute P M.

21. I hereby certify that I attended the deceased from not attended ____, 19____, to ____, 19____; that I last saw h____ alive on not seen alive ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abscess of Liver	Since May 12 1940
Due to: Crushed liver as a result of being run over by a truck	Since May 12 1940.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Consolidation of right lung.	
Major findings of operations:	
Of autopsy: Abscess of liver due to crushed liver and Consolidation of right lung.	

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 May 12 1940

(c) Where did injury occur? Boonville Cooper Mo (City or town) (County) (State)

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

While at work? no (e) Means of injury Run over by auto truck

23. Signature J. C. Tincher M.D. (M. D. or other)

Address Boonville Mo Date signed June 16 1940

(Licensed Embalmer's Statement on Reverse Side)

Coroner of Cooper Co. Mo

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.

RECEIVED
District Health Officer No. 8,
Date File Number 7-3-40
Date Filed

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Bowville, 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.

No. 2B
2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21 S-88

Registration District No. 218 Primary Registration District No. 3015 Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Cooper

(b) City or town: Boonville
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. A
(If rural, give location)

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

3. (a) PRINT FULL NAME: James W. Coleman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: Black

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 10 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name: James Nash
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mother Not Married
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 8-1-40 (Date received local registrar) (b) D. C. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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: J. C. Tinsley (M. D. or other)
Address: Boonville Date signed

SUPPLEMENTARY