

80 AUG 16 1940

Registration District No. 441

Primary Registration District No. 5601a

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Knox
(b) City, or town Edina (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lyon Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Edina (rural) Lyon Twp.
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John Coffey MO

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Cora Parrish 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 4 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer 6

11. Industry or business _____ 0

12. Name Michael Coffey 0

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

14. Maiden name Gordelia McCoy

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

16. (a) Informant Cora Coffey

(b) Address Edina Mo.

17. (a) Burial (b) Date thereof July 23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge East.

18. (a) Signature of funeral director Rich Hudson

(b) Address Edina Mo.

19. (a) July 23 1940 (b) Mrs G.M. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 9 1940 to July 21 1940;
that I last saw him alive on July 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of lungs

Due to Tuberculosis of Lungs more 2 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? 395
While at work? _____ (Specify type of place) (e) Means of injury _____ 3

23. Signature J. J. Breckenfeld (M. D. or other) D.O.

Address Edina, Mo. Date signed 23/7/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 6-10-1539

Date Filed AUG 8 1940

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina Mrs.

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.