

SEP 19 1940

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

28485  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 317  
 (b) Township Republic Primary Registration District No. 4192  
 (c) City Republic (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 250 Elizabeth Ellen Coggin St. Republic  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Coggin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 14, 1864</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>5-</u>
	DAYS <u>25-</u>	IF LESS than 1 day, hrs. or min. <u>          </u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>          </u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>          </u>	
	10. Date deceased last worked at this occupation (month and year) <u>          </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greene Co. Mo.</u>		
FATHER	13. NAME <u>Richard Rose</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Horseman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Lawrence Coggin</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Evergreen Cemetery</u> DATE <u>Aug. 11, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>R. E. Thumson &amp; Co. Republic, Mo.</u>		
20. FILED <u>Aug. 11, 1940</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1940 to August 8, 1940  
 I last saw h.            alive on August 8, 1940 Death is said to have occurred on the date stated above, at 11 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Dilatation of Heart Date of onset             
            
            
 Other contributory causes of importance:  
Anemia + old age  
            
            
 Name of operation None Date of             
 What test confirmed diagnosis? Physian Exam there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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? no  
 If so, specify             
 (Signed) E. K. Best M. D.  
 289 (Address)           

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 importa

RECEIVED

Greene County Health Office,

County File Number 40-9-68

Date Filed 9-12-40

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

E. M. Thurman

Licensed Embalmer

, Registered Apprentice No. 3687

working under my personal supervision.

Signed

R. E. Thurman

Licensed Embalmer No. 503

P. O. Address Greenville, S.C.

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.