

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

38999

Registration District No. 429Primary Registration District No. 5582Registrar's No. 52

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural Madison
(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 whetherIn this community
years, months or days) 23. (a) PRINT FULL NAME Katherine Anna Coleman3. (b) If veteran,
name war L3. (c) Social Security
No. L4. Sex Female 5. Color or
race White6. (a) Single, widowed, married,
divorced Widow6. (b) Name of husband or wife
John Coleman6. (c) Age of husband or wife if
alive ✓ years7. Birth date of deceased March 26 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
76 8 2 hr. - min.9. Birthplace Salern New Jersey
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name Daniel Flynn13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Anna Coffee15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Anna Coleman(b) Address Holden Mo.17. (a) Burial (b) Date thereof Dec 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Calvary - Holden Mo.18. (a) Signature of funeral director J. M. Goodman(b) Address Holden Missouri19. (a) Nov 30, 1940 (b) Mrs. S. V. Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson(c) City or town Holden Rural
(If outside city or town limits, write "RURAL")(d) Street No. 1 Mile South of Holden
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1940 hour 3:30 minute _____ P. M.21. I hereby certify that I attended the deceased from Oct 21
_____ 1937 to Nov 29 1940that I last saw her alive on Nov 29 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pernicious Anemia Duration _____

Due to _____

Due to _____

Other conditions Arterio sclerosis
(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? 2(e) Means of injury _____
(Specify type of place)23. Signature Kelly Rawlin (M. D. or other) _____
Address Holden Mo Date signed 11/30/40

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-14-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W. Goodman

Licensed Embalmer No.....

2424

P. O. Address.....

Holden 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.