FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2020

State File No. ✓

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 30

14
1
2

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1715 Grand
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town Fulton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 715 Grand Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Kenneth David Coffelt
3. (b) If veteran, name war —
3. (c) Social Security No. No
4. Sex Male
5. Color or race white
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 Jan. (Month) 11 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
		19	hr. min.

9. Birthplace Fulton (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation No
11. Industry or business No
FATHER
12. Name Chas. Eliza Coffelt
13. Birthplace (City, town, or county) N. Dakota 1 (State or foreign country)
MOTHER
14. Maiden name Ruth Landers
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Chas. Coffelt
(b) Address 715 Grand Fulton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest
18. (a) Signature of funeral director Leo. Gwallace
(b) Address Fulton Mo.
19. (a) Jan. 31, 1941 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th year 1941 hour 5 minute a M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him dead on January - 30th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death accidentally. Smothered. Infant. 19-days old. ✓	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 1	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 14
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 1
(c) Where did injury occur? (City or town) (County) (State) 2
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature J. W. Holman, Coroner (M. D. or other)
Address 8-E-8th St. Fulton Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

182
99

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 O. Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
0M—2-21-40
I X22659

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STANDARD CERTIFICATE OF DEATH

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Registration District No. 104 Primary Registration District No. 3008 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Fulton

(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. (If rural, give location)

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

3. (a) PRINT FULL NAME Kenneth David Coffelt

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 S

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 | Months | Days 19 | If less than one day hrs. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 30 year 1941 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 Accidentally smothered	
Antecedent Infant 19 days old	
Due to probably overcrowded living quarters, and other small child, the	
Other conditions Mother and this infant sleep	
(Include pregnancy within 3 months of death) in and fed. The Mother nursed	
Major findings Of operation his infant, a short time	
Autopsy before, and thinks she must	
have dropped to sleep, and her	
large breasts, thinks it smothered	

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) from the

(b) Date of occurrence breast and covers in

(c) Where did injury occur? its face (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature J. W. Holman Coroner (M. D. or other)

Address 8-E-8th ST. Fulton, Mo. Date signed