

S. No. 2
-11-10-39
v. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8470

State File No. _____

Registration District No. 875-

Primary Registration District No. 6162

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs - 5 mos - 20 days
(Specify whether)

In this community Many Years
years, months or days

8. (a) PRINT FULL NAME Charles S. Samuel; Coulter

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Harriet Hill

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased April 4 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 11 If less than one day - hr. - min.

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

10. Usual occupation Repair Man

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Coulter

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

14. Maiden name Phoebe Pace

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

16. (a) Informant Mrs. Fern Baird

(b) Address State Hosp #3, Nevada, Mo.

17. (a) Burial (b) Date thereof 2-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill, Mo.

18. (a) Signature of funeral director Booths Funeral Home

(b) Address Rich Hill, Mo

19. (a) 2-15-41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Nevada
(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. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1941 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from Aug 26
1936 to Feb 15 1941;
that I last saw him alive on Feb 15 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days

Due to Senility

Due to Degenerative Heart Disease

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

Major findings: Of operations ASB

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

23. Signature August H. Feltner (M. D. or other) M.D.

Address Nevada, Mo. Date signed 2-15-41

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

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00
0

RECEIVED

District Health Officer No. 7,

District File Number 3-41-461

Date Filed 3-7-41

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.