

No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19532
State File No. ~~1005~~

Registration District No. 73 Primary Registration District No. 5712 Registrar's No. 149

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rural Columbia
(c) Name of hospital or institution Boone Co. 5 Infirmary
(d) Length of stay: In hospital or institution 9-1-1946
In this community all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Boone Coats
(b) If veteran, name war ✓ (c) Social Security No. ✓
4. Sex Male 5. Color of 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

20. DATE OF DEATH: Month 6 day 1 year 1941 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 1 1937 to June 1 1941; that I last saw him alive on May 10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Duration 5 yrs
Malaise
Due to Asythetic gangrene right foot 2 mos
Due to _____
Other conditions Gangrene of foot 2 mos
(Include pregnancy within 3 months of death)
due to diabetes
Major findings:
Of operations non
Of autopsy non

7. Birth date of deceased. 4-8-1902
(Month) (Day) (Year)
8. AGE: Years 59 Months 1 Days 23 If less than one day hr. min.
9. Birthplace Boone Co. Mo.
10. Usual occupation Retired shoe operator
11. Industry or business _____

MOTHER FATHER
12. Name Abner Coats
13. Birthplace Mo.
14. Maiden name Sarah Jordan
15. Birthplace Mo.
16. (a) Informant Mrs. Kehlmeier
(b) Address Surgeon, Mo.
17. (a) Burial (b) Date thereof 6-3-41
(c) Place: burial or cremation Dressing Dept
18. (a) Signature of funeral director Parsons
(b) Address Columbia, Mo.
19. (a) 6/3/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? not
While at work? ✓ (Specify type of place) _____
(e) Means of injury _____
23. Signature AWK mds chmst (M. D. or other) _____
Address Columbia Mo Date signed 6-1-41

(Licensed Embalmer's Statement on Reverse Side)

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

10
0
0

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

Signed

W. H. Van derwerker

Licensed Embalmer No.

2494

P. O. Address

Columbia, Md

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, fact should be so stated above.