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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22149

State File No.

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 168

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Macon~~ Marion
(c) City or town Hannibal, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 203 North Section
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Thorton Coleman
3. (b) If veteran, name war World War
3. (c) Social Security No. 490-07-4044

4. Sex Male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife divorced
6. (c) Age of husband or wife if alive divorced years
7. Birth date of deceased July 8, 1894 (Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business
MOTHER FATHER
12. Name James Coleman
13. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Emma Snell
15. Birthplace Macon County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Rita Hicks.
(b) Address 505 S. Rubey, Macon, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Macon, Missouri
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon, Missouri
19. (a) June 2, 1941 (Date received local registrar) (b) W C Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 4:50 minute P.M. M.
21. I hereby certify that I attended the deceased from 5-17-41, 19 to 5-22-, 1941; that I last saw h. l. m. alive on 5-22-, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration 5 Days
Due to Infection of teeth
Due to
Other conditions — (Include pregnancy within 3 months of death) 1110
Major findings: Of operations —
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? (Specify type of place)
While at work? (e) Means of injury
4610

23. Signature J. E. Whitlam (M. D. or other) D
Address 504 Broadway Date signed 5-23-41
Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.