No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31871

Registration District No. FILED OCT 14 1941

Primary Registration District No. 3023

Registrar's No. 113

1. PLACE OF DEATH:

(a) County: Johnson

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

(c) Name of hospital or institution: Warrensburg Clinic (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson 51

(c) City or town: Warrensburg (If outside city or town limits, write "RURAL") 2

(d) Street No.: 613 Highland (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Jessie Fay Coleman

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: E. H. Coleman

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: Sept. (Month) 19 (Day) 1895 (Year)

8. AGE: Years 45 | Months 11 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace: Carroll Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Edward Lee Wintrey

13. Birthplace: Boone Co. (City, town, or county) Mo. (State or foreign country)

MOTHER

14. Maiden name: Tabitha Jane Dallinger

15. Birthplace: Livingston Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: E. H. Coleman

(b) Address: 613 Highland Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 14 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Hill

18. (a) Signature of funeral director: W. J. Wilcox

(b) Address: Warrensburg Mo.

19. (a) Sept-13-1941 (Date received local registrar) (b) Leola H. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 12 year: 1941 hour: 3 minute: A. M.

21. I hereby certify that I attended the deceased from: 9-11-41 to: 9-12 1941; that I last saw he alive on: 9-12 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, acute	1
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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:

23. Signature: Phee Cooper (M. D. or other) M.D.

Address: Warrensburg Mo. Date signed: 9-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-41

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 Donald H. Lupin

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo.

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

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