

FILED FEB 18 1942

Registration District No. 263

Primary Registration District No. 5365

Registrar's No. _____

2
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DeKalb Mo.
(b) City or town _____
(c) Name of hospital or institution Rural Adams Township
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 yrs. years, months or days

3. (a) PRINT FULL NAME

Armanda Coats

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife J. P. Coats

(c) Age of husband or wife if alive 65 years

7. Birth date of deceased 12 - 31 - 1876

(Month) (Day) (Year)

8. AGE:

Years 65 Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace

Kentucky (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

W. G. Embos

13. Birthplace

Ky (State or foreign country)

14. Maiden name

Armanda Cunningham

15. Birthplace

Ky (State or foreign country)

16. (a) Informant

W. G. Embos

(b) Address

Route III, Joseph, Mo.

17. (a)

Paternal (Burial, cremation, or removal)

(b) Date thereof

1, 4, 42 (Month) (Day) (Year)

(c) Place: burial or cremation

W. G. Embos

18. (a) Signature of funeral director

Armanda

(b) Address

Armanda Mo.

19. (a)

1-9-42 (Date received local registrar)

(b)

James Fitzgerald (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb 32
(c) City or town Rural (If outside city or town limits, write "RURAL")
Street No. 3 mi. N.E. Weathersley (If rural, give location)
(d) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2
Year 1942 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 1940
1940 to Jan 2 1942

that I last saw her alive on Dec 30 - 1941 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arricular fibrillation
chronic myocarditis
chronic hypertension Duration _____

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death) 93d

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? _____

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

23. Signature Frank W. Wilson (M. D. or other) md

Address Whitaker Mo Date signed Jan 3, 42

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

A. M. Angel

Licensed Embalmer No.

1180

P. O. Address

Cameron, Mo

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.