S. No. 2
—4-13-40
5-17-39
I X23152

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2611

Registration District No. 427 Primary Registration District No. 4203 Registrar's No. 2

1. PLACE OF DEATH
(a) County Johnson
(b) City or town Holden, Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not Hospitalized 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED: 51
(a) State Missouri (b) County Johnson
(c) City or town Holden (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ANNA MARIE COLEMAN
3. (b) If veteran, name war no
3. (c) Social Security No. 489-24-2354
4. Sex Female 1
5. Color or 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
7. Birth date of deceased February (Month) 22 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
45	10	26	✓ hr. ✓ min.

9. Birthplace Latour (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Cook & waitress
11. Industry or business School Cafeteria
MOTHER FATHER
12. Name John Edward Coleman
13. Birthplace La Tour (City, town, or county) Missouri (State or foreign country)
14. Maiden name Kathryn Flynn
15. Birthplace Mt Endum (City, town, or county) New Jersey (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Missouri
18. (a) Signature of funeral director Canaday & Rapp
(b) Address Holden Missouri
19. (a) Jan. 20 (Date received local registrar) (b) Mrs Frank Morrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1942 hour 7:15 minute A M.
21. I hereby certify that I attended the deceased from July, 1937, to Jan 18, 1942, that I last saw her alive on Jan 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema — Duration
Due to
Due to
Other conditions Diabetes Mellitus (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 Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 1/20/42

1002 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-13-42

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 Samuel B. Ropp.

Licensed Embalmer No. 4044

P. O. Address Holden 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.