

FILED FEB 12 1942

Registration District No. 7-51

Primary Registration District No. 3023

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution: 212 W. Gay St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Haines Coleman

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jessie Coleman 6. (c) Age of husband or wife if alive 70 years
Birth date of deceased Aug-10-1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Missouri Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Samuel H. Coleman
13. Birthplace Unknown Ky. 1 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. H. Coleman
(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-25-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Supremacy-Phillips

(b) Address Warrensburg, Mo.

19. (a) Jan 24-1942 (Date received local registrar) (b) W. Williams (Registrar's signature)

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. 212 W. Gay (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1942 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 5-8 1942, to Jan 24-4 1942.
that I last saw him alive on Jan 24-4 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 18 days

Due to Smells

Due to

Other conditions (Include pregnancy within 3 months of death) 2

Major findings: Of operations 932
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 0

23. Signature W. Williams (M. D. or other)
Address Warrensburg, Mo. Date signed 1/24/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-11-42

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 _____

Carl Priest

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Carl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.