

FILED APR 2 1942
Registration District No. 85

Primary Registration District No. 1001

0111
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph.
(c) Name of hospital or institution:
1223 North 8th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not.
In this community 62 years.
years, months or days

3. (a) PRINT FULL NAME George Washington Coe
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Coe
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased February 10 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 8
If less than one day hr. min.

9. Birthplace Malta Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

MOTHER FATHER
12. Name Seth Coe
13. Birthplace Unknown Massachusetts
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Noble
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Coe
(b) Address 1223 No. 8th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Reichhoffer
(b) Address 1302 1/2 Aaron St., St. Joseph, Mo.

19. (a) 3-20-1942 (b) J. H. Nestlebrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 011
(c) City or town St. Joseph. 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 North 8th. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. No. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th.
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 25 1940 to March 18 1942
that I last saw him alive on March 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Atherosclerosis general
arterio-sclerotic heart disease
Due to arterio-sclerotic kidney disease
Duration ?
Due to Myocardial Insufficiency
Cardiac Decompensation
Other conditions anemia, chloria
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1218
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
23. Signature J. P. Senor, M.D. (M. D. or other)
Address St. Joseph, Mo. Date signed 3-19-42

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.....

Walter Muehlbauer Jr.

Licensed Embalmer No. 244 Missouri

P. O. Address St. Joseph, Missouri.

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.