

Registration District No. 115

Primary Registration District No. 4187

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution:
1309 Washington ave.
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Blara 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 Rolland Coleman 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 26th 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>15</u>	<input checked="" type="checkbox"/>
				hr. _____ min. _____

9. Birthplace Union Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Charles T. Schiller

13. Birthplace Union Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ada J. Mantel

15. Birthplace Union Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Rolland Coleman

(b) Address Union Mo.

17. (a) Burial (b) Date thereof 8/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery Union Mo.

18. (a) Signature of funeral director C. H. Ottman

(b) Address Union Mo.

19. (a) Aug 13/42 (b) Conrad Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union
(If outside city or town limits, write "RURAL")

(d) Street No. 1309 Washington ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th
year 1942 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from 8-11, 1942, to 8-11, 1942
that I last saw her alive on 8-11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Malignant Hypertension

Other conditions (include pregnancy within 3 months of death) 8301

Major findings: _____
Of operations _____

Of autopsy

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 B. H. Stubbins (M.D. or other) M.D.
Address Union, Mo Date signed 8-12-42

Duration 10 hrs

2 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 E. H. Ottman
Licensed Embalmer No. 1686
P. O. Address Union 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, above space should be left blank.