V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27141

State File No.

FILED SEP 14 1942

Registration District No. 128 ~~318~~

Primary Registration District No. 5465

Registrar's No. 627

39
0
0

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural North Campbell Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lynn & Fulbright/Streets (Outside City)
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 0

(c) City or town Rural N. Campbell Townshi 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #11 Box 662 ~~Springfield, Mo.~~
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Coulson

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 3 Divorced

6. (b) Name of husband or wife Iva Coulson

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 2 (Day) 1868 (Year)

8. AGE: Years 74 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Page County (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Car Inspector

11. Industry or business U.P. Railroad

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Social Security Records
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 8-31-42 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1942 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from no physician in attendance, 19 to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death | Duration

Due to myocarditis chronic, unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

938

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 3

23. Signature Murray C. Stone Coroner (M. D. or other)
Address Springfield, Mo. Date signed 8-26-42

984 (Licensed Embalmer's Statement on Reverse Side)

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 L Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.