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V. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30538**

RECORDED OCT 13 1942

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. **396**

49
52
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Forrest Omar Coultas

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leona Coultas

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan 31 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 14 hr. min.

9. Birthplace Lincoln Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business _____

12. Name Joe Henry Coultas

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Edmondson

15. Birthplace Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Coultas

(b) Address 429 Connor Joplin

17. (a) Burial (b) Date thereof Sept 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells City Cemetery

18. (a) Signature of funeral director Wells City

(b) Address Wells City Mo

19. (a) 9-16-42 (b) Arthur D. Schaller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 429 Connor (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1942 hour 4-30 minute P M.

21. I hereby certify that I attended the deceased from Sept. 10 1942
to Sept. 14 1942

that I last saw him alive on Sept. 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Vaso-motor collapse
Pertnötis Duration 5 days

Due to strangulated left hernia. 6 days

Due to _____

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

Major findings: none. 12221

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) no

(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 _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur D. Schaller (M. D. or other) _____
Address Joplin Mo Date signed 9/15

1204 (Licensed Embalmer's Statement on Reverse Side)

12.9.823

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 *A. K. Mills*

Licensed Embalmer No. 347

P. O. Address *St. Louis, 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.