

APR 8 1943
STATE BOARD OF HEALTH

Primary = 4000-9
5017

9422
IN THIS SPACE

Division of Vital Statistics, State of Missouri

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah, Mo.
(If outside city or town limits, write RURAL.)
(c) Name of hospital or institution: 1110 S. Main St.,
Route # 2, Savannah, Missouri
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution one month
Lifetime (Specify whether)

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah, Mo.
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Martha Ann Coats

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

4. Sex Female / race White 5. Color or race White 6 (a) Single, widowed, married, divorced Widowed

6 (b) Name of husband or wife None 6 (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 17, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 9 hr. min.

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

10. Usual occupation Old Age Pension
(City, town or county) (State or foreign country)

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16 (a) Informant's own signature Edna Richardson

(b) Address Route # 2, Savannah, Miss

17 (a) Burial (b) Date thereof 3/28/43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18 (a) Signature of funeral director John E. ...

(b) Address 6054 Pryor Ave., City of ...

19 (a) 3-31-43 (b) J.A. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month March day 26
year 1943 hour 1 minute 45 AM

21. I hereby certify that I attended the deceased from March 25, 1943 to March 26, 1943,
that I last saw her alive on March 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia R Week

Due to _____

Due to _____

Other conditions 101
(Include pregnancy within 3 months of death)

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?
(Specify type of place)

23. Signature Clifford L. Steedman (a) Means of injury ?
Address Savannah, Mo. (b) M.D. or other DD
Date signed 3/27/43

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any supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, and state of OCCUPATION is very important.
1-39-50M
17-7111-9

I hereby certify that body whoes name appears on the
reverse side of this certificate was embalmed by me

John E. Rupp

3986

St. Joseph, Missouri