V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

C 18644

State File No.

FILED MAY 20 1943

Registration District No. 274 Primary Registration District No. 3252 Registrar's No. 144

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

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: 708 N STEWART 1 (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 MO (b) County PETTIS

(c) City or town SEDALIA 80 (If outside city or town limits, write "RURAL")

(d) Street No. 708 N STEWART 6 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 4

If yes, name country 0

3. (a) PRINT FULL NAME TODD COFFMAN

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 WID

6. (b) Name of husband or wife

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

7. Birth date of deceased APR. (Month) 15 (Day) 1865 (Year)

8. AGE: Years 78 Months 0 Days 11 If less than one day hr. min.

9. Birthplace MORGAN CO (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name SAMUEL COFFMAN
13. Birthplace (City, town, or county) VA. 1 (State or foreign country)

MOTHER
14. Maiden name SALLIE WARE
15. Birthplace (City, town, or county) VA. 1 (State or foreign country)

16. (a) Informant R. R. COFFMAN

(b) Address SEDALIA MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation CROWNHILL

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia Mo

19. (a) 4-28-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26 year 1943 hour 11 minutes 30 P. M.

21. I hereby certify that I ~~attended~~ viewed body of the deceased from 4-27-43 19~~43~~, 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 Evidently some Organic heart trouble died unattended by Physician

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9502

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

23. Signature W. T. Bishop coroner (M.D. or other)

Address Sedalia Mo Date signed 4-29-43

1022 (Licensed Embalmer's Statement on Reverse side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-15-43

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. E. Boulden

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.