V. S. No. 2
50M—5-42
Rev. 5-17-39
P-1 X32873

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

59
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21897

Registration District No. 187 · Primary Registration District No. 3640 · Registrar's No. 72

1. PLACE OF DEATH:

(a) County: Livingston

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

(c) Name of hospital or institution: /
212 Gale Street
(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)
In this community: 71 years

2. USUAL RESIDENCE OF DECEASED: 59

(a) State: Missouri. (b) County: Livingston / 2

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

(d) Street No.: 212 Gale Street
(If rural, give location)

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

3. (a) PRINT FULL NAME: MARION FRANCIS COBERLY

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: Widowed

6. (b) Name of husband or wife: Ella Coberly · 6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: October (Month) 14 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	8	11	..... hr. ..... min.

9. Birthplace: Madison County (City, town, or county) Ohio. / (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

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

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

16. (a) Informant: Mrs Lizzie Jacobs
(b) Address: Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-29-'43 (Month) (Day) (Year)
(c) Place: burial or cremation: Wallace Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri.

19. (a) June 29-1943 (Date received local registrar) Lou Ella Cu[illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th. year 1943 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from April 13 1943 to 6-25 1943 that I last saw him alive on 6-25- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension — Duration

Due to: Vascular

Due to: /

Other conditions: / (Include pregnancy within 3 months of death)

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Major findings:
Of operations: /

Of autopsy: No

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: /

23. Signature: Reuben Barney (M. D. or other)
Address: Chillicothe Mo. Date signed: 12-28-1943

(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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.