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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1943

Registration District No. 47 Primary Registration District No. 5161 Registrar's No. 337

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural Cedar Twp

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

(c) Name of hospital or institution: None

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural

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

(d) Street No. 3 miles N.E. NewBloomfield, Mo.

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elisha Nelson Coleman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 2 (Day) 1943 (Year)

8. AGE: Years | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Callaway Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name George Nellson Coleman
13. Birthplace Cole Co. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Evelyn Nicholeson
15. Birthplace Johnson Co. (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Nellson Coleman

(b) Address NewBloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/1943 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary

18. (a) Signature of funeral director Ray A Holt

(b) Address NewBloomfield, Missouri.

19. (a) 10-17-1943 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1943 hour 2 minute PM.

21. I hereby certify that I attended the deceased from Oct 15 1943, to Oct 15 1943 that I last saw him alive on Oct 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gastro Intestinal Enteritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

119a

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 E. McI Rusk (M. D. or other)

Address NewBloomfield Date signed Oct 16 43

(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

Not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Ray A Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield 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.