

FILED DEC 17 1943

Primary Registration District No. 5417

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Brunswick  
(b) City or town near Hornersville Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 7 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Brunswick  
(c) City or town Hornersville Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gary Dean Coleman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 20 year 1943 hour \_\_\_\_\_ minute 10 A M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 6 - 1943  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 18 1943, to Nov 20 1943  
that I last saw him alive on Nov 19 - 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
1 14 hr. min.

Immediate cause of death Colitis  
Due to its diet  
Due to \_\_\_\_\_

9. Birthplace Kennett Mo.  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations 1190

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name Miss H. Coleman

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

14. Maiden name Miss Holt

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

16. (a) Informant Miss H. Coleman

(b) Address Hornersville Mo.

17. (a) Burial (b) Date thereof Nov 21 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cade Cemetery

18. (a) Signature of funeral director Bertha Kinschman

(b) Address Hornersville Mo.

19. (a) 11-25-43 (b) Linden B. Perkins  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Van H. Bonds (M. D. or other) \_\_\_\_\_  
Address Hornersville Mo. Date signed 11-20-43

1201

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

205

RECEIVED

District Health Office No. 2,

District File Number 1243-155-2

Date Filed 12-9-43

---

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.....

The Body was not Embalmed..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**