

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 222

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 6 yrs.
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway

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

(d) Street No. 320 South Laura
(If rural, give location)

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

3. (a) PRINT FULL NAME Franklin Pierce Coffin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1944 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 4, 1944 to Jan 10, 1944
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married. Divorced W

6. (b) Name of husband or wife Leota Beisy Coffin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2, 1866
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 5 days

Influenza and
cerebral arteriosclerosis

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 77 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Lion Cloway
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Coffin

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

14. Maiden name Mary Elizabeth Wain

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

16. (a) Informant Mrs. Beisy Ray

(b) Address 320 S. Laura

17. (a) Burial (b) Date thereof 1-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville, Mo.

19. (a) 1-13-44 (b) Rae Heagy
(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) (c) Means of injury 0

23. Signature R. G. Gossius (M. D. or other)
Address State Hospital, Marionville, Mo. Date signed 4/6/44

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Marquette 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.