S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 29 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6560

Primary Registration District No. 1000

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2113 South 9th 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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 2113 South 9th
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CATHERINE AGNES COLEMAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white 1

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Thomas Edward Coleman

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

7. Birth date of deceased June (Month) 15 (Day) 1877 (Year)

8. AGE: Years 66 | Months 8 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name James Carroll
13. Birthplace County Clair (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Quinlivan
15. Birthplace County Clair (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Miss Catherine L. Cole

(b) Address 2113 South 9th

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/18/44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Heaton-McGuire Bowman Funeral Home

(b) Address 319 South 10th

19. (a) 2/16/44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from March 4, 1943, to Feb. 14, 1944;
that I last saw her alive on Feb 14, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	11 mon
Due to Arterio Sel. Gen	
Due to	
Other conditions Myocard. Chr. (Include pregnancy within 3 months of death)	-

Major findings:
Of operations 93d
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 0

23. Signature Frank H. Hardigan (M. D. or other)

Address 620 Francis St Joseph, Mo Date signed 2/15/44

1233

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. X. Hartigan
Kirkpatrick Bldg.

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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.