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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11053

FILED APR 10 1944

Registration District No. 721 Primary Registration District No. 4202 Registrar's No. 37

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 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 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Grundy

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

(d) Street No. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Judy Mae Coffman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 Mar (Month) 10 (Day) 1944 (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Spickard (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Albert Coffman
13. Birthplace Spickard (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name Ethel Vaughn
15. Birthplace Osborn (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Albert Coffman

(b) Address Spickard MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-15-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Martin Cem Grundy Co MO

18. (a) Signature of funeral director Schooler's funeral Home

(b) Address Spickard MO

19. (a) Mar 21 44 (Date received local registrar) (b) John Earl Keith (Registrar's signature)

1144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Mch 10, 1944, to Mch 14, 1944 that I last saw her alive on March 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Abbactosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

16 1a

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 W Ewing M.D. (M. D. or other)

Address Spickard Mo Date signed 3/14/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Ross Wise.....

Licensed Embalmer No.....3771.....

P. O. Address.....Spickard 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.