

FILED JUN 13 1944

Registration District No. 2114

Primary Registration District No. 6007

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Jackson Twp
(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 years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Jackson Twp
(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 _____

3. (a) PRINT FULL NAME James H. Coulter
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 10th 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Sterling Coulter
13. Birthplace Ky (City, town, or county) _____ (State or foreign country)
14. Maiden name Mary I. Wright
15. Birthplace Ky (City, town, or county) _____ (State or foreign country)

16. (a) Informant Miss Mildred Coulter
(b) Address RED Jacksonville
17. (a) Burial (b) Date thereof May 28th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Coulter Farm

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 5-28-44 (b) Irma Haul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26th
year 1944 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 4 1944 to May 25 1944
that I last saw him alive on May 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Paracarditis
Due to Uremic Poisoning
Due to Nephritis

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
131

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 Cecil S. Gally (M.D. or other)
Address 203 1/2 N. Clark Moberly Date signed 5-26-44

Duration 48 hrs
3 days
2 yrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 1

District File Number 6-44-10

Date Filed JUN 9 1944

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 D DeWitt

Licensed Embalmer No. 3071

P. O. Address..... *Moberly, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.