S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 1 1/2

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13480

Primary Registration District No. 3021

Registrar's No. 291

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cullers Hosp- (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy
(c) City or town: Trenton (If outside city or town limits, write "RURAL")
(d) Street No.: 427 W 13th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: VIRGINIA BELL COLEMAN
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Buel Coleman
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: April (Month) 17 (Day) 1917 (Year)

8. AGE: Years 27 | Months 11 | Days 7 | If less than one day: hr. min.

9. Birthplace: Lincoln (City, town, or county) Nebr (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Dan Shatton
FATHER 13. Birthplace: Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Hazel Moore
MOTHER 15. Birthplace: Lincoln (City, town, or county) Nebr (State or foreign country)
16. (a) Informant: Buel Coleman
(b) Address: 427 W 13th Trenton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Whiting Cem
18. (a) Signature of funeral director: Gipson Funeral Home
(b) Address: 1314 Cedar Trenton
19. (a) 3-26-45 (Date received local registrar) (b) L S Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1945 hour 9:30 minute A M.
21. I hereby certify that I attended the deceased from Mar 21, 1945 to Mar 24, 1945 that I last saw her alive on Mar 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rupture of uterus pre-cedding cachexia + hypaio	3 days
Due to: Injury to cervix by fall about Mar 1, 45	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 1860 18
Of autopsy:

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): Fall about Mar 1, 45
(b) Date of occurrence: about Mar 1, 45
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: Fall
23. Signature: [illegible] (M. D. or other)
Address: Trenton Mo Date signed: 3/24/45

1880 (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 Wesley H Bradford

Licensed Embalmer No. 4370

P. O. Address Trenton 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.