

FILED MAY 16 1945
Registration District No. 240

Primary Registration District No. 5827

State File No.

Registrar's No. 152

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural R#1, Sevier 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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Rural R#1
(If outside city or town limits, write "RURAL")

(d) Street No. Seven mi. N. west of Lilbourn, Mo
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Edna COFFEE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1 race W 2

5. Color or race W

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

6. (b) Name of husband or wife John COFFEE

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

7. Birth date of deceased DEC 23 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Mississippi County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sam McGARY

13. Birthplace New Madrid County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Burn

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

16. (a) Informant Ruth Mae Hutto

(b) Address Memphis Tenn

17. (a) Burial (b) Date thereof 3-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Carmel

18. (a) Signature of funeral director Dr. Leslie F. Arnold, Park Postoffice, Tenn

(b) Address _____

19. (a) 4-13-45 (b) Thos. J. L. Parrett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1945 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept. 1944
1944, to March 26, 1945

that I last saw her alive on March 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 6 hrs

Due to _____

Due to _____

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

Major findings:
Of operations _____

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) _____

(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 E. E. Jones (M. D. or other) _____
Address Lilbourn Mo Date signed 3-26-45

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

2
6
0

RECEIVED

District Health Office No. 2,

District File Number 545-716

Date Filed 5-11-45

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.....

Leonard John Vargo

Licensed Embalmer No.....

4336

P. O. Address.....

Pactagenille, 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.