V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

5410

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6452

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~None~~ 1507 Viley St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. 1507 Viley St.
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Edward Coil

3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife wife Anna Coil
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased October (Month) 6 (Day) 1866 (Year)

8. AGE: Years 79 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Calloway Cy. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired.
11. Industry or business
FATHER
12. Name Jacob Coil
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Lydie Holm
15. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs. Anna Coil (wife)
(b) Address 1507 Viley, Hannibal. Mo.
17. (a) ~~Burial &~~ Removal (Burial, cremation, or removal) (b) Date thereof 17, Feb. 46 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Mo.
18. (a) Signature of funeral director Crawford Smith
(b) Address Hannibal, Missouri.
19. (a) 2-18-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day February year 1946 hour 1 minute 30 AM.
21. I hereby certify that I attended the deceased from Nov 1, 1945, to N 17, 1946 that I last saw him alive on N 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	6 Mo
Due to Carcinoma of Prostate	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 51 l

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 H B Norton (M. D. ~~or other~~)
Address Hannibal Mo. Date signed 2/17/46

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(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 Crawford Smith

Licensed Embalmer No. 7814

P. O. Address Hannibal, 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.