

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8139**

FILED MAR 13 1946
Registration District No. **224**

Primary Registration District No. **3072**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 1 1/2 Days
(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 12 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha Coleman

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 April 10 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Chariton Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Worked At Mo. State School

11. Industry or business !! !! !!

MOTHER FATHER

12. Name Gus Coleman

13. Birthplace Breckenridge Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Eliz. Grubbs

15. Birthplace Chariton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Steve Bushnell

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 2/11/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director J. Lealie Surrency

(b) Address Marshall, Mo.

19. (a) 2-16-46 (b) Mrs. M. Sweetlock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline **97**

(c) City or town Marshall **1**
(If outside city or town limits, write "RURAL") **2**

(d) Street No. 836 North Odell **0**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 9 day 9, 1946
year _____ hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1945
_____ 19 _____ 1946
that I last saw him w alive on Feb 9-43 _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerosis
vascular sclerosis

Due to _____

Due to _____

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

Duration

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) no

(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 J. R. Lawrence (M. D. or other) **979-46**
Address Marshall, Mo. Date signed _____

294

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-46

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 _____

J. Lechi Sussman
Licensed Embalmer No. 3235

P. O. Address _____

Marshall, Md.

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.