

No. 2
4-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12174

State File No.

Registrar's No. 96

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wilhite Convalescent Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 5 Hours
(Specify whether years, months or days)
 In this community: 71 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone 10
 (c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 311 Madison St. 4
(If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME THOMAS JEFFERSON COLEMAN
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 22
 year 1946 hour 9 minute 15 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife: Bertha Buckler Coleman
 (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: 9 - 1 - 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-22-46
 to 4-22- 1946
 that I last saw him alive on 4-22- 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 7 21 hr. min.

Immediate cause of death: Apoplexy 12 hrs
Respirator
 Due to.....
 Due to.....

9. Birthplace Boone County Missouri 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions: Age related
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

11. Industry or business.....
 12. Name Robert Coleman
 13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
 14. Maiden name: Martha Nichols
 15. Birthplace Missouri 1
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 SUPPLEMENTARY INFORMATION

16. (a) Informant Mrs. Thos. J. Coleman
 (b) Address 311 Madison St., Columbia, Mo.
 17. (a) Burial (b) Date thereof: 4-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: New Providence

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.....

18. (a) Signature of funeral director: Parsons Funeral Service
 (b) Address Columbia, Mo.
 19. (a) 4-25-46 (b) Mrs. R. E. Palmer
(Data received local registrar) (Registrar's signature)

23. Signature: F. B. Williamson
 Address: 22 N. 8th Columbia Date signed: 4-23-46

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

11083

31

(Licensed Embalmer's Statement on Reverse Side)

mo 1/6

RECEIVED
District Health Officer No. 9
District File Number _____
Date Filed 5-4-46

JUN 14 1948

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 Thas L. Loring
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.