

S. No. 2
M-2-43
5-17-39
P-I X3564

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12221**

FILED MAY 8 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 439

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hosp't. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Weeks
(Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan //

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2610 Olive St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country *

3. (a) PRINT FULL NAME Mary E. Coleman

3. (b) If veteran, name war None

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 James M. Coleman

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 8 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	6	6	hr. min.

9. Birthplace Oregon Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER {

12. Name James W. Acton

13. Birthplace Unknown Unknown 0
(City, town, or county) (State or foreign country)

14. Maiden name Clara Nowell

15. Birthplace Unknown Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James M. Coleman

(b) Address 2610 Olive St.

17. (a) Burial (b) Date thereof Apr. 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Herman W. J. J. J. J.

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Apr. 18, 1946 (b) J. J. J. J.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from 3.27.46
4.14.46, 19... to 19...
that I last saw him alive on 4.14.46, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma

Due to carcinoma of cervix

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature J. J. J. J. (M. D. or other) 0
Address St. Joseph, Mo. Date signed 4.16.46

11130
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Elmer Thomas

Licensed Embalmer No.

7640

P. O. Address

St. Joseph 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.