

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1946
Registration District No. 337

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39331
State File No. _____
Registrar's No. 107

Primary Registration District No. 4499

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

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Shelbina
(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 69 Years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby / 02
(c) City or town shelbina 2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Willard Coates
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy Coates 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased February 12th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 18 hr. min.

9. Birthplace Ontario Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

MOTHER, FATHER

12. Name Patrick Coates

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Not known

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

16. (a) Informant Mrs Lucy Coates

(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 10/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 444 Shelbina Mo

18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina Mo

19. (a) Nov 6-46 (b) Quich Jayner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30th
year 1946 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 15, 1946, to Oct 30, 1946,
that I last saw h. l. m. alive on Oct 30, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis of Bladder 5 days
Due to Cancer of Bladder 6 months

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

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature P. L. Caldwell (M. D. or other) Do
Address Shelbina Mo Date signed 10/31/46

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

52 B

RECEIVED
District Health Officer No. 10
District File Number 11-46-2184
Date Filed NOV 26 1946

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 *Deery G. Parkes*

Licensed Embalmer No. *3835*

P. O. Address *Shelburne, 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.