

DIVISION OF THE CENSUS
 FILED JAN 20 1947

State File No. _____

Registration District No. 160Primary Registration District No. 5592Registrar's No. 97

1. PLACE OF DEATH:

 (a) County Jefferson
 (b) City or town Berculanum
 (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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days)3. (a) PRINT FULL NAME Jesse W. Coin

3. (b) If veteran, name war _____

3. (c) Social Security 493-07-54834. Sex Male 5. Color or race White6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Nellie G. Coin 6. (c) Age of husband or wife if alive 55 years7. Birth date of deceased July 14 1888
(Month) (Day) (Year)8. AGE: Years 58 Months 5 Days 16 If less than one day hr. _____ min. _____9. Birthplace Coffman Mo.
(City, town, or county) (State or foreign country)10. Usual occupation caretaker11. Industry or business St. Joe Lead Co.12. Name Peter B. Coin13. Birthplace Coffman Mo.
(City, town, or county) (State or foreign country)14. Maiden name W. M. Edwards15. Birthplace Coffman Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Nellie G. Coin(b) Address Berculanum Mo.17. (a) Burial (b) Date thereof 1-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Berculanum Mo.18. (a) Signature of funeral director Fink Funeral Parlor(b) Address Festus Mo.19. (a) Jan 10 1947 (b) Alma Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

 (a) State Missouri (b) County Jefferson
 (c) City or town Berculanum
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th
year 1946 hour 11 minute 15 P.M.21. I hereby certify that I attended the deceased from 12/15
1947 to 12/30 1947that I last saw him alive on 12/30
and that death occurred on the date and hour stated above.Immediate cause of death Cancer of Stomach Duration 18 mo

Due to _____

Due to _____

Other conditions 46B
(Include pregnancy within 3 months of death)Major findings: Autopsy
Of operations _____Of autopsy None

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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]Address Berculanum, Mo. Date signed 1/6/47

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(Licensed Embalmer's Statement on Reverse Side)

WHITE LABEL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 15 1947

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 *Elena Province*

Licensed Embalmer No. *3403*

P. O. Address *Leatus 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.