

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont  
(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 37 years (Specify whether years, months or days)

In this community 37 years

3. (a) PRINT FULL NAME Vienna Catherine 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 widowed

6. (b) Name of husband or wife Hiram Coleman

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

7. Birth date of deceased Oct. 31 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>		hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business self

12. Name Hiram Wigger

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

14. Maiden name Mary Ann Mann

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

16. (a) Informant Marie Holmes

(b) Address Piedmont, Mo.

17. (a) Burial (b) Date thereof 12/31/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic

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

(b) Address Piedmont, Mo.

19. (a) Jan 20-47 (b) Marie E. Piles  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne ///

(c) City or town Piedmont  
(If outside city or town limits, write "RURAL") /

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 28  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from at home 12-28-46 to 12-28-46  
that I last saw him alive on Dec. 27 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Courtesy Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9-17

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? \_\_\_\_\_

23. Signature Dr. James M. D. (M. D. or other) 0  
Address Piedmont, Mo. Date signed 1-20-47

Duration \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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 *Norman W. Gish*  
1951  
Licensed Embalmer No. *3287*  
P.O. Address *Piedmont Me*

**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.**