

No. 2
12-45
1-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 779
Registrar's No. 51

Registration District No. 188 Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 701 S. Clay
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 39 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 701 S. Clay
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Coughlin
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 Widowed
6. (b) Name of husband or wife Mary E. Coughlin 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased (Month) Aug. (Day) 13 (Year) 1861

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1947 hour 7 minute 10p.M.
21. I hereby certify that I attended the deceased from Dec. 15, 1946 to Jan. 16, 1947
that I last saw him alive on Jan. 16, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Atherosclerosis
Duration 4yr.

8. AGE: Years 85 Months 5 Days 1 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Port Keyden = N. Y.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Salesman

Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John Coughlin
13. Birthplace ? Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Heardon
15. Birthplace ? Ireland
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 97

16. (a) Informant Mrs. Johnnie Hellmuth
(b) Address 701 S. Clay Ave.
17. (a) Burial (b) Date thereof 1/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

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? _____

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 1-20-47 (b) W. E. Hensley MD
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury D
23. Signature W. E. Hensley (M. D. or other)
Address Springfield, Mo. Date signed 1-16-47

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

APR 9 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 Ray H. Mercer, Jr.
Licensed Embalmer No. 7432
P. O. Address Springfield, 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.