S. No. 2
—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 14

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4480

State File No.

Primary Registration District No. 4186

Registrar's No. 119

1. PLACE OF DEATH:

(a) County x ~~Crawford~~ Franklin

(b) City or town Huzzah Mo Rural Courtois

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sullivan

North Side Hospital Sullivan Mo

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks 0

In this community x Franklin Co Mo years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Crawford Co Mo (b) County Crawford Co

(c) City or town Steelville Mo

(If outside city or town limits, write "RURAL")

(d) Street No. 1

(If rural, give location)

(e) Citizen of foreign country? ~~No~~ American (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hettie Huitt Coleman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. T. Coleman

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased x Dec (Month) 7 (Day) 1875 (Year)

8. AGE: Years 71 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Crawford Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name W. H. Huitt 0

13. Birthplace Crawford Co (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name Amanda A Brickey 0

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

16. (a) Informant x B J Hiller

(b) Address Steelville - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Cemetary

18. (a) Signature of funeral director L J Jones

(b) Address Steelville Mo

19. (a) 3-4-47 (Date received local registrar) (b) C Brantar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 15th day year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 24 - 1947, 19 to March 1st, 1947 that I last saw h. alive on March 1st - 10.45 p.m. 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	7 Days
Due to Cancerous condition of the body - uterus	years
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral hemorrhage	2 wks
Major findings: Of operations none	
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 0

23. Signature John M Boatd (M. D. or other) M.D.

Address Sullivan, Mo. Date signed 3/6/947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAR 10 1947
Date Filed

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 L J Jonas, Registered Apprentice No. ....., working under my personal supervision.

Signed L J Jonas

Licensed Embalmer No. 2379

P. O. Address Steelville 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.