

FILED MAR 6 1947

Registration District No. **2202**

Primary Registration District No. **6087**

Registrar's No. _____

1. PLACE OF DEATH: **Saline**

(a) County **Saline**

(b) City or town **R.F.D. Slater, Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

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

In this community **all his life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline** **97**

(c) City or town **R.F.D. Slater** **0**
(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 _____

3. (a) PRINT FULL NAME **Robert Minor Coleman**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **March 27 1880**
(Month) (Day) (Year)

8. AGE: Years **65** Months **10** Days **23** If less than one day _____ hr. _____ min.

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

10. Usual occupation **barber -retired**

11. Industry or business _____

12. Name **William M. Coleman**

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

14. Maiden name **Mary Catherine Minor**

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

16. (a) Informant **Roll Coleman**

(b) Address **Slater--Mo.**

17. (a) **burial** (b) Date thereof **2-23-'47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Miami, Mo.**

18. (a) Signature of funeral director **Hill Brothers**

(b) Address **Slater--Mo.**

19. (a) **2/24/47** (b) **Mrs. Earl C. Metz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** Day **20th**
year **1947** hour **4** minute **30** p. M.

21. I hereby certify that I attended the deceased from **investigated**
the death Feb. 20, 1947, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **interstitial nephritis**

Due to _____

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

Major findings:
Of operations _____

Of autopsy **No**

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? **0**

While at work? _____ (Specify type of place) (e) Means of injury **Solid B**

23. Signature **L. Lawrence Brown** (M. D. or other) **1**
Address **Emms Hall Mo.** Date signed **2-22-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

#D132

-3-47

MAR 6 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.....

R. C. Hill

Licensed Embalmer No.....

3090

P. O. Address.....

States

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.