

FILED MAY 5 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 4009

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Andrew Co
(b) City or town Lawrence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lawrence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 28 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Lawrence
(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 _____

3. (a) PRINT FULL NAME JOSEPH H COYLE

3. (b) If veteran, name war No 3. (c) Social Security No. 499-20-0192

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife, Bessie 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 15 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 4 * If less than one day
hr. _____ min. _____

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

10. Usual occupation Painter & Paperhanger

11. Industry or business _____

12. Name Francis Coyle
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name: Alice Kelley
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Bessie Coyle
(b) Address Lawrence

17. (a) B. (b) Date thereof Apr. 23 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Cem.

18. (a) Signature of funeral director Stoney Funeral Home
(b) Address St Joseph, Mo.

19. (a) 4-26-47 (b) Lillian Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1947 hour 12:00 minute Noon

21. I hereby certify that I attended the deceased from Nov 15, 1945, to April 19, 1947;
that I last saw him alive on April 15, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion - aneurysm

Due to coronary thrombosis

Due to _____

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

Major findings: Of operations gyp
Of autopsy _____

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? 0

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

Signature Lillian B. Kelley (M. D. or other) MD
Address Lawrence, Missouri Date signed April 19 1947

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

MOTHER (FATHER)

MAY 15 1947

DISTRICT HEALTH OFFICE

Cameron, Mo.

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

Charles Marshall Harman

Registered Apprentice No. ~~4050~~ 450

working under my personal supervision.

Signed

John G. Hurley

Licensed Embalmer No. 4050

P. O. Address

Joseph 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.