

FILED APR 13 1947
 Registration District No. 13

Primary Registration District No. 3072

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Fitzgibbon 0
 (If not a hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether _____)
 In this community 60 years
 years, months or days

3. (a) PRINT FULL NAME JAMES FINLEY COULTER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sarah Jane Coulter 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased August 28 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>25</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace Bucyrus Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation City Engineer

11. Industry or business Water and Light Department

12. Name John H. Coulter

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

14. Maiden name Eliza Ellen Carmean

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

16. (a) Informant Sarah J. Coulter

(b) Address Sweet Springs Mo

17. (a) Burial (b) Date thereof 3-27-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery Sweet Springs Mo

18. (c) Signature of funeral director Jesse Harbey

(b) Address Sweet Springs Mo

19. (a) Mar-27-1947 (b) Joseph P. Gray
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
 (c) City or town Sweet Springs 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 201 Highland Street 0
 (If rural, give location)
 (e) Citizen of foreign country? NO 0
 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 25
 year 1947 hour 2:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from March 22
1947 to 24 March 1947
 that I last saw him alive on 24 March 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia, probably hypostatic type due to the cardiac to decompensation
 Due to heart on arteriosclerotic basis
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations 90
 Of autopsy _____
 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 Joseph P. Doyle M. D. or other M. D.
 Address Sweet Springs, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-15-47

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 *ml*

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Jesse Harvey

Licensed Embalmer No. *2914*

P. O. Address

Sweet Springs ms

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.