

**FILED JUN 11 1947**  
 Registration District No. **744**

Primary Registration District No. **4234**

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

**1. PLACE OF DEATH:**  
 (a) County **IRON**  
 (b) City or town **IRONTON**  
 (c) Name of hospital or institution:  
**St. Marys of the Oaks**  
 (d) Length of stay: In hospital or institution **2 wks.**  
 In this community **2 wks.**

**3. (a) PRINT FULL NAME** **Lucey Emily COLEMAN**  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

4. Sex **F** / 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Married**  
 (b) Name of husband or wife **A.H. Coleman**  
 (c) Age of husband or wife if alive **67** years  
 7. Birth date of deceased **Oct 31 1878**

**8. AGE:** Years **68** Months **7** Days **6**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Reynolds Co Mo.**  
**10. Usual occupation** **Nursewife**  
**11. Industry or business** \_\_\_\_\_  
**12. Name** **Alexander Sloan**  
**13. Birthplace** **Washington Co Mo.**  
**14. Maiden name** **Margaret Leach**  
**15. Birthplace** **Virginia**

**16. (a) Informant** **Mrs. A.H. Coleman**  
**(b) Address** **Abington Mo**  
**17. (a) (Burial, cremation, or removal)** **Burial** **(b) Date thereof: 5-21-47**  
**(c) Place: burial or cremation** **Abington Mo**  
**18. (a) Signature of funeral director** **W. A. Leach**  
**(b) Address** **Van Buren Mo**  
**19. (a) 5-31-47 (b) Mrs. A.H. Coleman**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Reynolds**  
 (c) City or town **Rural**  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? **no**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May** day **19**  
 year **1947** hour **4** minute **A**: M.  
**21. I hereby certify that I attended the deceased from**  
**5-10-47** 19. to **5-19-47** 19. ;  
 that I last saw her alive on **5-19-47** 19. ;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**  
 Due to **Hypertension**  
 Other conditions \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
**23. Signature** **J.P. Harland**  
 Address **Freton, Mo.** Date signed **6-2-47**

RECEIVED

District Health Officer No. 4

File Number 647-798

Filed 6-10-47

*non-embalmed*

**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 S-29-47

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

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Ave.

**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.