

FILED NOV 25 1947  
1947-2

Registration District No. \_\_\_\_\_

Primary Registration District No. **6193**

1. PLACE OF DEATH: **Taney**

(a) County **Taney**

(b) City or town **Rural - Branson**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**  
(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 life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Taney**

(c) City or town **Rural**  
(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 **MAHALA J. COFFELT**

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

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **13**  
year **1947** hour **12:45** minute **P.** M.

4. Sex **Female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Jackson Coffelt Deceased**

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

7. Birth date of deceased: **2** (Month) **23** (Day) **1864** (Year)

21. I hereby certify that I attended the deceased from **May 1 1947** to **Nov 13 1947**  
that I last saw **her** alive on **Nov 10 1947**  
and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **9** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Myocarditis**

Duration **1 month**

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

Due to **Senility**

10. Usual occupation **home**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business **house wife**

Major findings: **92K**

12. Name **J. T. Barton**

Of operations \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

14. Maiden name **Mary Wigors**

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

22. If death was due to external causes, fill in the following:

16. (a) Informant **Andrew Coffelt**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

16. (b) Address **Branson Mo**

(b) Date of occurrence \_\_\_\_\_

17. (a) **Rural** (Burial, cremation, or removal)

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

17. (b) Date thereof **11-14-47** (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director **Edwad B. White**

While at work? \_\_\_\_\_ (Specify type of place)

18. (b) Address **Branson Mo**

23. Signature **Harry T. Evans** (M. D. or other) **MD**

19. (a) **11-17-47** (Date received local registrar)

Address **Branson Mo** Date signed **11/14/47**

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

063

RECEIVED  
District Health Officer No. 6,  
District File Number 1147-1213  
Date Filed 11-24-47

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 \_\_\_\_\_

*Was not Embalmed*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Minnie L. Wheeler*

Licensed Embalmer No. 2277

P. O. Address Bronson 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.