S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42338

FILED JAN 5 1948

Registration District No. 9

Primary Registration District No. 3043

Registrar's No. 423

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 214 Hill Street
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Albert Clyde Coger

3. (b) If veteran, name war .....

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

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Esther Culver

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

7. Birth date of deceased January 3, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	11	24	..... hr. ..... min.

9. Birthplace Emerson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

FATHER
12. Name Eder B. Coger
13. Birthplace Lexington N.Y.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Truex
15. Birthplace Hoboken N.J.
(City, town, or county) (State or foreign country)

16. (a) Informant Orlando Allen
(b) Address Hannibal Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Dunlap, Iowa

18. (a) Signature of funeral director Dr. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri

19. (a) 12-29-47 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 1X9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1947 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 11, 1947 to 28 Dec 1947
that I last saw him alive on 27 Dec 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to .....

Other conditions Congenital Lung Cysts
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Merrill J. Coll (M. D. or other)
Address Hannibal Mo Date signed 29 Dec 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John S Ward, Registered Apprentice No. 35, working under my personal supervision.

Signed: M Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.