

S. No. 2
M-5-43
5-17-39
I X36671

FILED FEB 3 1948

State File No.

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barry County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days) 4 days

3. (a) PRINT FULL NAME Frances Mary COFFEY

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Frank Coffey 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 28, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 20 -- hr. --- min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Andrew Reed

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

14. Maiden name Rachel Alexander

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

16. (a) Informant Mr. Frank Coffey

(b) Address RFD; Exeter, Missouri

17. (a) Burial (b) Date thereof 1-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood, Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Missouri

19. (a) Jan 24-1948 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Ridgley
(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 ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th.
year 1948 hour 5 minute A.

21. I hereby certify that I attended the deceased from Jan. 14
1948 to Jan. 18, 1948
that I last saw her alive on Jan. 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma
Due to Primary
Other conditions (Include pregnancy within 3 months of death)
Major findings: 55
Of operations:
Of autopsy:
Duration 6 mon. approx. unk.

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.....

23. Signature Grace Williams (M. D. or other)
Address Cassville Mo Date signed.....

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. C. Canada

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Licensed Embalmer No. *4196*

P.O. Address *Cassville, 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.