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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 1 1948
Registration District No. 57

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11806
Primary Registration District No. 5230
Registrar's No. 73

1. PLACE OF DEATH:
(a) County CASS
(b) City or town RURAL "RAYMORE"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 MI. S.E. RAYMORE!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County CASS 19
(c) City or town Rural Peculiar 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MI. S.E. RAYMORE 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME CLARENCE COLEMAN
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 1
6. (b) Name of husband or wife LETA COLEMAN
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased JUNE (Month) 6 (Day) 1882 (Year)

8. AGE: Years 65 Months 10 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS CO. (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business ✓
FATHER
12. Name JOHN COLEMAN
13. Birthplace ST LOUIS CO. (City, town, or county) MO. 0 (State or foreign country)
MOTHER
14. Maiden name MARY E. ORR
15. Birthplace ST. LOUIS CO. (City, town, or county) MO. 0 (State or foreign country)
16. (a) Informant MRS. CLARENCE COLEMAN
(b) Address R.F.D. Peculiar, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HILL, MO.
18. (a) Signature of funeral director E K George & Sons
(b) Address Belton Mo.
19. (a) April 26, 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature) E1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from Feb. 4 1947, to April 21 1948
that I last saw him alive on April 21 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occ.	
Due to arteriosclerosis	
Due to age & heredity	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature Harry B. Newman (M. D. or other)
Address Harrisonville Date signed 4-23-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.