

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26058**
Registrar's No. **65**

FILED SEP 13 1948
Registration District No. **23**

Primary Registration District No. **5490**

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

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **New Hampton Rural White Oak**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Four Miles N E Of New Hampton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Entire Life** (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Clarence Veazy Coleman**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Alice Coleman** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **July 2 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 27 hr. min.

9. Birthplace **Harrison County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Comon Labor**

MOTHER FATHER
11. Industry or business _____
12. Name **Wessley J Coleman**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan J Bunkle**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alice Coleman**
(b) Address **New Hampton Mo**
17. (a) **Burial** (b) Date thereof **Aug 31 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt Zion Cemetry**

18. (a) Signature of funeral director **W & Noble**
(b) Address **New Hampton Mo**
19. (a) **Aug 29 - 48** (b) **Zola Buras**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison 4/1**
(c) City or town **New Hampton Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Four Mile NE of New Hampton**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29**
year **1948** hour **7** minute **30** AM
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Cerebral Hemorrhage

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Joe E. Wheeler** (b) **Coroner**
Address **Bethany Mo** Date signed **Aug 29 1948**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

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

Signed W. J. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton

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.