

Registration District No. _____

Primary Registration District No. 6032

1. PLACE OF DEATH:
 (a) County Riphey (Doniphan Twp)
 (b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Riphey 91
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. Doniphan Mo Rt # 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY ED COE
 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 _____
 6. (b) Name of husband or wife ESTER LEE WHITE
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased MARCH 8 1902
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 9
 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER, FATHER
 12. Name UNKNOWN
 13. Birthplace "
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant ESTER LEE COE
 (b) Address DONIPHAN MO RT # 1

17. (a) BURIAL (b) Date thereof 10 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLACK CEMETERY

18. (a) Signature of funeral director C. P. Johnson
 (b) Address CORNING AVE.
10-23-48

19. (a) 10-23-48 (b) C. P. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
 year 1948 hour 2 minute 15 A.M.
 21. I hereby certify that I attended the deceased from June 1, 1948, to 17 October, 1948;
 that I last saw him alive on 27 September, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 da.
 Due to Hypertension, severe 10 yrs.

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations g. b. w.
 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)
 Means of injury 0

23. Signature W. Kolbe (M. D. _____)
 Address Doniphan, Mo. Date signed 10/21/48

Permit, and did not file certificate until a written request was made. WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-16-48
District Health Officer No. 3
District File Number 1178713
Date Filed 11-18-48

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.

Body was not embalmed.

Signed *Richard O. Emmer*

Licensed Embalmer No. *782*

P. O. Address *Conning Ark.*

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.