No. 2
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5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1948

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

40868

State File No.

Registration District No. 241 and from New Madrid

Primary Registration District No. 4359

Registrar's No. 41

**1. PLACE OF DEATH:**

(a) County New Madrid.

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

(c) Name of hospital or institution No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether
In this community 1½ Mounth.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County New Madrid

(c) City or town Pt Pleasant.
(If outside city or town limits, write "RURAL")

(d) Street No. 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Coates

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Emmie Coates

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Sept (Month) -28- (Day) 1913 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 35 | 1 | 3 | hr. min. |

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

10. Usual occupation Day Work.

11. Industry or business

FATHER
12. Name Jeff Coates
13. Birthplace unk (City, town, or county) unk (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace unk (City, town, or county) unk (State or foreign country)

16. (a) Informant Emmie Coates
(b) Address Pt Pleasant, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 2 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Benton Harbor, Mich

18. (a) Signature of funeral director
(b) Address

19. (a) 12-1-48 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature) 7/9

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 31
year 1948 hour 12:30 minute a M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Shot with Shot Gun in Abdominal Cavity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Lee Hedgpeth (M. D. or Coroner)

Address New Madrid Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1248-1693
Date Filed 12-20-48

## 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.

Signed L. S. Hedgpeth

Licensed Embalmer No. 3853

P. O. Address New Madrid 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.**

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

...HERCE
...NSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. Jan

...gistration District No. 241 Primary Registration District No. 4359 Registrar's No. 41

**1. PLACE OF DEATH:**

(a) County New Madrid

(b) City or town Point Pleasant
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME James Coates

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 28 (Month) (Day) (Year)

8. AGE: Years 35 Months 1 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month (Day) year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19, to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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) Homicide
(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? Home
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-408608