

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41132

State File No. _____

FILED JAN 13 1949

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 1

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

8
4
3

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

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

(d) Street No. South Park of Dutton
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EFFIE-JODIE COLEMAN

3. (b) If veteran, name war r

3. (c) Social Security No. r

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1948 hour 11:45 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 16, 1948, to Dec. 29, 1948
that I last saw her alive on Dec. 29, 1948
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife James Coleman

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased: May (Month) 15 (Day) 1870 (Year)

Immediate cause of death Uremia

Duration 2 days

Due to Chronic Nephritis

Due to Acute Peritonitis and Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 78 Months 7 Days 14

If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

Major findings: _____

Of operations 13/10

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name C. Charles Jenkins

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

14. Maiden name Martha Ann Morse

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

16. (a) Informant Mrs. Tom Bennett

(b) Address Keytesville, Mo

17. (a) Buried (Burial, cremation, removal) (b) Date thereof Dec. 31-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Garinth Cemetery

18. (a) Signature of funeral director Phyllis Bennett

(b) Address Keytesville, Mo

19. (a) 12-31-48 (Date received local registrar) (b) Paul W. Reed (Registrar's signature)

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 _____

Signature M. Blum (M. D.)

Address 300 1/2 N. Reed, Moberly, Mo Date signed 12-30-48

RECEIVED

District Health Officer No. 10

District File Number 148-68

Date Filed JAN 11 1949

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 H. O. Garnett

Licensed Embalmer No. 3046

P. O. Address Key West 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.