

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 211

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, MO.		c. LENGTH OF STAY (in this place) 3 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital			d. STREET ADDRESS (If rural, give location) 2018 Francis Str.		
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) None c. (Last) Coleman			4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 8 1864	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Month Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indianapolis, Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Coleman		13b. MOTHER'S MAIDEN NAME Mary Kenney	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Lawson		ADDRESS 2113 So. 9th			

18. CAUSE OF DEATH State only the cause per se (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Ukn.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation			DUPLICATE OF (b) Intertrochanteric Fracture of Right Femur			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Intertrochanteric Fracture of Right Femur			Senile Dementia			4 days.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						Ukn.
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 69020				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Home Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo.		13/
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 1 7 49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? In the Home.		0
22. I hereby certify that I attended the deceased from Jan. 7, 1949 , to Jan. 10, 1949 , that I last saw the deceased alive on Jan. 10, 1949 , and that death occurred at 6:20 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE <i>Wm W. Traig</i>			23b. ADDRESS 4200 N. 1st St. M.		23c. DATE SIGNED 1-13-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-15-1949		24c. NAME OF CEMETERY OR CREMATORY Kidder Cemetery		
24d. LOCATION (City, town, or county) Kidder - Caldwell Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>Norman W. ...</i>				
DATE REC'D BY LOCAL REG. Jan. 17, 1949		REGISTRAR'S SIGNATURE <i>G. B. Jenkins</i>		ADDRESS 1802 Union St		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Edmund Thomas

Licensed Embalmer No.

2640

P. O. Address

St. Joseph 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Buchanan } ss.

State File No. 211
Local Registrar's No. 66

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of February, 1949, before me appears.....

Herman Wm. Sidenfaden, who, upon his oath, states that the original record of ~~birth~~ death

for Alice Coleman died January 10th, 1949, in the State of
Missouri, and which was filed at St. Joseph on Jan. 17~~th~~, 1949, should be corrected as follows:

Item No. 24b should read February 4th, 1949

Instead of January 15th 1949

Item No. 24c should read Mt. Olivet Cemetery

Instead of Kidder Cemetery

Item No. 24d should read St. Joseph, Mo.

Instead of Kidder, Missouri

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

..(SEAL)

Affiant

Herman Wm. Sidenfaden

Funeral Director

1802 Union Str. St. Joseph, Mo.

Present Address.

Subscribed and sworn to before me this 2nd day of February, 1949.

My Commission expires April 6, 1951 Emma A. Byrnes Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

