

REC'D JUN 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19512

Do not use this space.

1. PLACE OF DEATH *Pike* | Registration District No. *689*
 (a) County *Pike* | Primary Registration District No. *3033* Registered No. _____
 (b) Township ~~_____~~
 (c) City *Lancaster* | (d) Street No. *Mummal Stgs Sanitarium* St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Berry Jackson COOMER*
 (a) Residence, No. *Verona, Mo* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *divorced*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ma Coomer Page*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-4 1859*
 7. AGE YEARS *79* MONTHS *8* DAYS *24* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *house painter*
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) *1938* 11. Total time (years) spent in this occupation *50 yrs*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *KY* |
 FATHER 13. NAME *John Coomer* |
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *2* |
 MOTHER 15. MAIDEN NAME *Christine Meuce* |
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *2* |
 17. INFORMANT *Tracie Shipley* (ADDRESS) *Verona - Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Reverew* DATE *5/31 39*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *F. O. Hall* |
 20. FILED *5/29 1939* *F. O. Hall* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 29 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *May 22*, 1939, to *May 29*, 1939
 I last saw *him* alive on *May 29*, 1939. Death is said to have occurred on the date stated above, at *11:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
cardiovascular renal hypertensive disease
 Other contributory causes of importance: *12/1*
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *labatory* as there an autopsy? *no*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) *F. O. Hall* (Address) *Verona, Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

5014-1-12-38 X14223

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1038

Date Filed JUN 6 1939

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, _____

George O. Hagner, or by _____

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

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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, above space should be left blank.