

APR 22 1940
Registration District No. _____

Primary Registration District No. 3015

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 Years. (Specify whether years, months or days) 1-3-5

3. (a) PRINT FULL NAME Mrs. Roberta Koontz.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mac. J. Koontz 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August 16 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife.

11. Industry or business At home.

MOTHER FATHER
12. Name Gideon Caine.
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Susan Claxton.
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mac. J. Koontz.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof 3-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Rodman H. Miller

(b) Address Boonville, Mo.

19. (a) 3-14-40 (b) Roberta Koontz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Copper
(c) City or town Boonville,
(If outside city or town limits, write "RURAL")
(d) Street No. 801 E. Spring.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th.
year 1940 hour 2 minute 50 p. M.

21. I hereby certify that I attended the deceased from July 13
1936 to Mar 12, 1940
that I last saw her alive on Mar 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 4 mo.

Due to metastasis of Ca of
ovary with involvement
Due to Adipocarcinoma

Other conditions 49
(Include pregnancy within 3 months of death)

Major findings: Ca of both ovaries
Of operations removed at op 1936
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)
(a) Means of injury _____
23. Signature Dubey H. Wells (M. D. or other) _____
Address Boonville, Mo. Date signed 3-13-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.
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.
RECORD RESERVED FOR BINDING
Rev. 5-17-39 I 11511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-78

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 J. H. Goodman
Licensed Embalmer No. 1178
P. O. Address Boonville, 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.