

FILED MAY 17 1940

No. 2  
1-10-39  
17-39  
X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

14407

Registration District No. 80Primary Registration District No. 3-121

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Buchanan  
 (b) City or town Rural Platte Township  
 (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 \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Charline Coon 57D

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 31 1940  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
0 0 7 hr. min.9. Birthplace Buchanan County Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name John Coon  
 18. Birthplace Topeka Kansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Leona Reno  
 15. Birthplace Halls Mo Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Coon  
(b) Address Route 1, Gower, Mo.17. (a) Burial (b) Date thereof April 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethel Cem.18. (a) Signature of funeral director Clark Mortuary  
5025 King Hill Ave., St. Joseph, Mo.  
(b) Address \_\_\_\_\_19. (a) April 8-1940 (b) Mrs. Lucy Powell  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Buchanan  
 (c) City or town Rural  
 (If outside city or town limits write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1940 hour 12 minute 2 M.21. I hereby certify that I attended the deceased from April 7th  
1940, to April 7th 1940  
that I last saw her alive on April 7th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Palmito fungus ovaries

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
80  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. C. Stank (M. D. or other) !!  
Address Gower, Mo Date signed 4-8-1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 11,

District File Number: 540-705

Date Filed MAY 16 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Eare A Clark*

Licensed Embalmer No. 3476

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, above space should be left blank.