

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 255-

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1105 West 2nd. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

8. (a) PRINT FULL NAME Charles G. Coons 520
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Martha Coons 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 12, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>23</u>	hr. _____ min.

9. Birthplace Ashland Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name William Coons 1

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

14. Maiden name Rebecca Ann Peak

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.G. Satterwhite

(b) Address Sedalia, Mo. 1100 West 2nd.

17. (a) Burial (b) Date thereof AUG. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland, Mo.

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____
19. (a) 8-7-40 Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1105 West 2nd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1940 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 5, 1939 to Aug 5, 1940
that I last saw him alive on Aug 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephrosis Duration 2 1/2 yrs

Due to arterio-sclerosis of kidney

Due to 93%

Other conditions Simple nephritis 6 wks
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN _____
Of operations _____

Of autopsy none

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury none

23. Signature C. Satterwhite (M. D. or _____)
Sedalia Mo Address Date signed 6/7/1940

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

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RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 9-11-40

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sidalia 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.

VER-7-124