

FILED FEB 17 1941

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

3078

Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 55-8-6-430
 (b) Township Post Oak Primary Registration District No. 4256 Registered No. 430
 (c) City Lecton, Mo. (d) Street No. _____ 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clair Bliss Koons

(a) Residence, No. Lecton, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Koons
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6 - 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lone Jack (STATE OR COUNTRY) Jackson, Co. Missouri

FATHER 13. NAME Robert Parter Koons
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Ellen Cash
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Pauline Koons (ADDRESS) Lecton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Summit, Mo. DATE Jan. 10 1941

19. FUNERAL DIRECTOR R. A. Brauninger (ADDRESS) Lecton, Mo.

20. FILED Jan. 8 1941 Annabel Reynolds Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8 1941

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1940, to Jan. 8, 1941.
 I last saw him alive on Jan. 8, 1941. Death is said to have occurred on the date stated above, at 10:45 am.
 The principal cause of death and related causes of importance were as follows:

PneumoniaDate of onset
12/2/40

Other contributory causes of importance:

Heart PerforationName of operation Repair of perforation Date of Dec. 17, 1940What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Dr. Weston D. O. 2
 (Address) Lecton, Mo.

1172

STATEMENT BY LICENSED EMBALMER

I, RA Branninger, Licensed Embalmer No. 3377

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me,

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed RA Branninger

Licensed Embalmer No. 3377

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3078

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 436

Primary Registration District No. 4256

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Neelon
(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)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Clair Bliss Kono

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

4. Sex m 5. Color of race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 2 If less than one day hr min

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1977 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Gastric perforation due to gastric ulcer

Due to 1170

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?

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

23. Signature Dr. Reston (M. D. or other) DO

Address Neelon, Mo. Date signed 4/10/77

Duration Jan 3

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

