

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

APR 15 1941

Registration District No. 236

Primary Registration District No. 2719

Registrar's No. 148

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

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Middle Fork Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 5 miles Southeast Macon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town Middle Fork Cem  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 miles Southeast of Macon  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Wm Coyne  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

20. DATE OF DEATH: Month July day 7<sup>th</sup>  
year 1941 hour 8 A minute \_\_\_\_\_ M.

4. Sex Male race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 15, 1940  
\_\_\_\_\_, 19\_\_\_\_, to 1940 Feb 7, 1941  
that I last saw him alive on Dec 20, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myocarditis with Deaerquation Mos.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name Dont Kuon  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Mrs Bert Sumpter  
(b) Address R R Macon  
17. (a) Burial (b) Date thereof Feb 7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation St. Marys Cem  
18. (a) Signature of funeral director Robert Skenn  
(b) Address Macon Mo  
19. Apr 29 1941 (b) Bela King  
(Date received local registrar) (Registrar's signature)

23. Signature Howard Miller (M. D. or other) \_\_\_\_\_  
Address Macon Mo Date signed 3/14/41

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

OCT 21 1948

RECEIVED

District Health Officer No. 10

District File Number 4-41-662

Date Filed APR 10 1941

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

*George H. ...*

Licensed Embalmer No. 4069

P. O. Address Macon, Ga.

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, fact should be so stated above.