

FILED APR 15 1941

Registration District No. 119

Primary Registration District No. 57939

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural Bowershop Twp.
(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 45 yrs 1 years, months or days (Specify whether3. (a) PRINT FULL NAME EDNA CLARICE COONCE

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

7. Birth date of deceased August 16 1896
(Month) (Day) (Year)8. AGE: Years 44 Months 7 Days 3 If less than one day hr. _____ min. _____9. Birthplace Stover Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Coonce
13. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ada Montler
15. Birthplace Morgan Co. Mo.
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Grace Smith
(b) Address Stover Mo.17. (a) Burial (b) Date thereof March 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St Pauls Cemetery18. (a) Signature of funeral director Rapp, Stevenson
(b) Address Stover Mo.19. (a) April 9 1941 (b) Thos. Rippeger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1941 hour 4 minute 10 A.M.21. I hereby certify that I attended the deceased from Mar 12 1941 to Mar 18 1941
that I last saw her alive on Mar 18 1941
and that death occurred on the date and hour stated above.Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions Father Minded
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? 520While at work? ✓ (Specify type of place) vs. Means of injury _____23. Signature Chas A. West (M. D. or other) D
Address Stover Mo. Date signed 4/9 41

RECEIVED
Public Health Officer No. 7,
District File Number 44-1663-
Date Filed 4/4/44

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 Jewell Stevenson
Licensed Embalmer No. 4073
P. O. Address Stover 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, fact should be so stated above.

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-39
K26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 114576

Registration District No. 919

Primary Registration District No. 5793^a

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Spaw Creek T.P.
(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

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna Clarice Cooney

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19
year 1941 hour _____ minute _____ M.

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

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

Immediate cause of death _____
Due to _____
to _____

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

8. AGE: Years 44 Months 7 Days 3 If less than one day _____ hr. _____

Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Housekeeper

11. Industry or business Housewife

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)

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) (e) Means of injury _____

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4/10-41 (b) Chas L Rippeger
(Date received local registrar) (Registrar's signature)

23. Signature Chas a West (M. D. or other) _____
Address Stover Mo Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER:

PHYSICIAN
Underline the cause to which death should be charged statistically.

11456

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.