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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11571

Registration District No. 920 Primary Registration District No. 585 Registrar's No.

1. PLACE OF DEATH:
(a) County Ozark
(b) ~~City or town~~ Rural - Josper 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
In this community 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ozark 77
(c) City or town Rural - 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Charles Coon
3. (b) If veteran, name war World War
3. (c) Social Security No. 499-07-1749
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Coon
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased November (Month) 5 (Day) 1887 (Year)

8. AGE: Years 53 Months 4 Days 19 If less than one day hr. min.
9. Birthplace Scranton (City, town, or county) Kan. (State or foreign country)
10. Usual occupation Automobile Painter
11. Industry or business
FATHER
12. Name Charles A. Coon
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Margaret Coon
(b) Address Isabella, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/41 (Month) (Day) (Year)
(c) Place: burial or cremation Isabella Mo
18. (a) Signature of funeral director O. B. McClure
(b) Address Gainesville, Mo
19. (a) 4/8/41 (Date received by local registrar) (b) Mary E. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1941 hour 6:45 minute P.M.
21. I hereby certify that I attended the deceased from March 22, 1941, to March 23, 1941, that I last saw him alive on March 23, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pleurisy, (Real Poisoning) — Duration 100 or more years
Due to Painting
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. J. Hoerman (M. D. or other) DO
Address Gainesville Mo Date signed 3-25-41

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

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