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FILED JUN 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17925

Registration District No. 334 Primary Registration District No. 5481 Registrar's No.

1. PLACE OF DEATH:  
(a) County Harrison  
(b) City or town Rural, Cypress Top  
(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 all of life  
years, months or days

3. (a) PRINT FULL NAME George W. Courter  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Courter  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Mar 16 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 3  
If less than one day hr. min.

9. Birthplace Cypress Top Harrison Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Dewitt C. Courter  
13. Birthplace Cypress Top Harrison Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Elsie J. Miller  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Courter  
(b) Address Coffey Mo

17. (a) Burial (b) Date thereof May 21 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey Cemetery

18. (a) Signature of funeral director J. B. Wheeler  
(b) Address Coffey Mo

19. (a) May 21 1941 (b) H. B. Cunningham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Harrison  
(c) City or town Rural  
(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 May day 19 year 1941 hour 11 minute 15 P.M.  
21. I hereby certify that I attended the deceased from Mar 4, 1941, to May 19, 1941, that I last saw him alive on May 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis  
Due to  
Due to  
Other conditions Antihypertensive  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
Duration 10 yr  
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?  
302 (Specify type of place) While at work? (e) Means of injury  
23. Signature H. B. Cunningham (M. D. or other) DO  
Address Coffey Mo Date signed 5/21/41

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

**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

*Joe E Wheeler*

Licensed Embalmer No. *3512*

P. O. Address *Bethany M*

**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.**