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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28434

Registration District No. 1050

Primary Registration District No. 5510

Registrar's No.

1. PLACE OF DEATH:

(a) County Lick
(b) City or town Syler - Rural
(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 1 (Specify whether
In this community years, months or days) of Earnie Coalney

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Syler - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Infant (no name)
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7 a
year 1941 hour 6 minute 00 M.

4. Sex male 5. Color or race w
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if

21. I hereby certify that I attended the deceased from
July 6 - 1941 to July 6 - 1941
that I last saw h alive on July 6 - 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased. July 6 - 1941
(Month) (Day) (Year)

Immediate cause of death
Some birth injury involving breathing centers in brain
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
1 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Earnie Coalney
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Parker
15. Birthplace Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: 160C
Of operations
Of autopsy

16. (a) Informant Earnie Coalney
(b) Address Elkton Mo
17. (a) burial (b) Date thereof 7/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Layman Cem

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

18. (a) Signature of funeral director H. L. Lucket
(b) Address Wheatland Mo
19. (a) 8/12/41 (b) W. S. Johnson
(Date received local registrar) (Registrar's signature)

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
23. Signature A. S. Johnson (M. D. or other)
Address Wheatland Mo Date signed 7-7-41

32 / (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1694

Date Filed 9-17-46

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 with the above constitutes grounds for revocation of license.)

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