

FILED OCT 27 1941

State File No. _____

Registrar's No. 44

Registration District No. _____ Primary Registration District No. 5276

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Ballwin, Pop. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John C. Coons
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah T. Coons 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 19 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Campbell Co. Ky 1 (City, town, or county) (State or foreign country)

10. Usual occupation merchant for day

11. Industry or business _____
12. Name Hubert Coons
13. Birthplace Ship (City, town, or county) (State or foreign country)
14. Maiden name Christina Phillips
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Ms. Sadie T. Coons
(b) Address Rt 1 Liberty Mo
17. (a) Removal (b) Date thereof Sept. 11-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Townsend Liberty Mo

18. (a) Signature of funeral director Chas. W. White
(b) Address Liberty Mo
19. (a) 9-12-41 (Date received local registrar) (b) John C. Wornton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty - Rt 1 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1941 hour 4 minute 55 A.M.
21. I hereby certify that I attended the deceased from Sept 3 1941 to Sept 9 1941
that I last saw him alive on Sept 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Memorial Hospital
Due to Richard's pneumonia
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. ... (If I, or other) _____
Address ... Date signed 9-11-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-21-41

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

Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, Mo.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31352

Registration District No. 197

Primary Registration District No. 5276

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Gallatin Sup Rural
(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 13 yrs (Specify whether
In this community 13 yrs years, months or days)

3. (a) PRINT FULL NAME John C Coons

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 18 years (Day) (Year)

7. Birth date of deceased May 19 1928 (Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 14 If less than one day 14 min.

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

10. Usual occupation

11. Industry of business

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)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) Nov 6-1941 (b) Ruch N Henry
(Date received local registrar) (Registrar's signature)

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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day..... year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw him..... alive on..... 19..... and that death occurred on the date and hour stated above. Immediate cause of death.....

Heart failure due to
hypertrophy
Heart failure
Bronchial pneumonia

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 5 months of death)

Major findings: Of operations.....

Of autopsy.....

Duration

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

S-31352 1941