

Registration District No. _____

Primary Registration District No. 549 B

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

1. PLACE OF DEATH

(a) County Henry
(b) City or town Stouffville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Queen
(c) City or town Stouffville Pennl.
(If outside city or town limits, write "RURAL") 38
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 P.
year 1941 hour 7 minutes 30 M.
21. I hereby certify that I attended the deceased from viewed body after death
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
Duration _____

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) g4a

Major findings:
Of operations _____
Of autopsy _____
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 Dr. Zecenia Barnes
Address King City, Mo Date signed 10/4/41

3. (a) PRINT FULL NAME JOHN COBURN
(b) If veteran, name war ✓ (c) Social Security No. NONE

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, Divorced
(b) Name of husband or wife Eloa Coburn 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb 4 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 1 ✓ hr. ✓ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John Coburn

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

14. Maiden name Mary Baker

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

16. (a) Informant Mrs. Nellie Malloy

(b) Address Stouffville 3747

17. (a) burial (b) Date thereof 10/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stouffville, Mo.

18. (a) Signature of funeral director Stouffville, Mo.

(b) Address Stouffville, Mo.

19. (a) 10/4/41 (b) B. S. Schmidt
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2865 Henry Co. Coroner

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, Ray H. Phillips,
Registered Apprentice No. _____,
~~working under my personal supervision.~~

Signed

Ray H. Phillips

Licensed Embalmer No.

1898

P. O. Address

Starkley, 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.