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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35096

Registration District No. 3181

Primary Registration District No. 5506

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Hickory Co.

(b) City or town Cross Timbers
(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 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josiah Clarence Coon

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) 0 Single, widowed, married, divorced

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Mar 7 1940
(Month) (Day) (Year)

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

19 1 _____ hr. _____ min.

9. Birthplace Hickory Co. 0
(City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles Vestor Coon

13. Birthplace Cole Co. Oklahoma
(City, town or county) (State or foreign country)

14. Maiden name Edda Custley

15. Birthplace Benton Co. 0
(City, town or county) (State or foreign country)

16. (a) Informant Charles Coon (father)

(b) Address Cross Timbers

17. (a) Burial (b) Date thereof Oct 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Camp Ground

18. (a) Signature of funeral director Hubal

(b) Address _____

19. (a) Oct 18 1941 (b) B O Pickett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory 043

(c) City or town Cross Timbers 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8, 1941
year 1941 hour 5:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 5 1941 to Oct 8 1941
that I last saw him alive on Oct 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 7 days

Due to Exposure & loss of resistance to infection

Due to Congenital predisposition (meninged injury at birth)

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? _____

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

23. Signature M. H. Kelland (M. D. or other) MD
Address Cross Timbers, Mo Date signed Oct 11 41

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

RECEIVED

District Health Officer No. 7!

District File Number 11-41-1880

Date Filed 11-13-41

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.....

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.