

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43297

Registration District No. 556

Primary Registration District No. 4328

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Meru
(b) City or town Princeton, Mo.
(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 _____ (Specify whether)
In this community All his life (years, months or days)

3. (a) PRINT FULL NAME Jacob Henry Coon

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 widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 26 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	3	24	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John E. Coon

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

14. Maiden name Adeline Coon

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

16. (a) Informant's own signature Carl Coon

(b) Address Princeton Mo

17. (a) Burial (b) Date thereof Dec 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topsoy Cemetery

18. (a) Signature of funeral director Thad Marshall

(b) Address Princeton Mo

19. (a) 1941-41 (b) JM MERRILL
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Meru
(c) City or town Princeton Mo
(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 Dec day 18, 1941
year 1941 hour 1:00 minute M.

21. I hereby certify that I attended the deceased from Dec 11, 1941, to Dec 18, 1941
that I last saw him alive on Dec 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Organic heart disease
myocardial softening 17mo
Due to chronic interstitial 2-4yr
nephritis 4-5yr
Due to hypertension 4-5yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a
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 JM Merrill (M. D. or other)

Address Princeton Mo Date signed 12/18-41

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Paul Gross

Licensed Embalmer No. 2634

P. O. Address Summiton, Miss.

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, above space should be left blank.