X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6597

Registration District No. 306 Primary Registration District No. 5424 Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Boeuf (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Stony Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gasconade
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: near Stony Hill
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: GEORGE WASHINGTON COULTER

3. (b) If veteran, name war: None

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: Lena Coulter

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: May (Month) 21 (Day) 1870 (Year)

8. AGE: Years 71 Months 8 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Stony Hill (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Coulter.
13. Birthplace: Stony Hill (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Elvina Nesbit
15. Birthplace: (Unkown) (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Geo. Coulter
(b) Address: RFD New Haven, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Stony Hill St. James

18. (a) Signature of funeral director: Hugo H. Blumer
(b) Address: Hermann, Mo

19. (a) 1-26-42 (Date received local registrar) (b) John Engelbrecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 23 day 23 year 1942 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 9, 1935 to Jan 23, 1942, 19__; that I last saw h. im alive on Jan. 23, 1942, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: hypostatic pneumonia — Duration: 7 da

Due to: aortic insufficiency and arteriorsclerosis — unknown

Due to:

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

23. Signature: [illegible] (M. D. or other)
Address: Hermann, Mo Date signed: 1/26/42

277 (Licensed Embalmer's Statement on Reverse Side)

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 August Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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

S. No. 2B
I—8-21-41
I X29288

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1. PLACE OF DEATH: (a) County Gasconade
(b) City or town 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 (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME George W. Coulter
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 years
7. Birth date of deceased May (Month) 21 (Day) 1870 (Year)

8. AGE: Years 71 Months 8 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. Day 23 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypostatic Pneumonia
Due to Bronchial
Due to
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Hermann, Mo. Date signed 4/3/42

SUPPLEMENTARY