

FILED MAR 10 1945
Registration District No. 1065

Primary Registration District No. 6133

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

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Branson
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARY LOUISA CODER

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

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

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

7. Birth date of deceased Jan. 28 - 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Janean Ellen Achor
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Nancy Ellen Hannah
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Frank Coder
(b) Address Walnut Shade Mo.

17. (a) _____ (b) Date thereof Feb 22 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Branson Cem

18. (a) Signature of funeral director P. A. Thomsen
(b) Address Branson Mo.

19. (a) _____ (b) Mary Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1942 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb 19th
_____ 1942 to Feb 21 1942
that I last saw her alive on Feb. 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Burns Duration 2 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 8 months of death) 1941-15

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2/19/42
(c) Where did injury occur? Walnut Shade - Taney Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home 156

While at work? _____ (Specify type of place)
(e) Means of Injury Home burned

23. Signature Harry T. Swans (M. D. or other) down
Address Branson Mo. Date signed 2/21/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 PA Thew Hill

Licensed Embalmer No.....

P. O. Address Princeton, N.J.

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.