S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9537

Registration District No. 349 Primary Registration District No. 1002 Registrar's No. 1375

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1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2634 MONROE (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) In this community: 1 YEAR

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 048 3
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 2
(d) Street No.: 2634 MONROE (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: D

3. (a) PRINT FULL NAME: DEMPSEY COONTZ
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: MALE 0
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JULY (Month) 29 (Day) 1931 (Year)

8. AGE: Years 10 Months 8 Days 8 If less than one day hr. min.

9. Birthplace: VERSAILLES (City, town, or county) O MISSOURI (State or foreign country)
10. Usual occupation: SCHOOL
11. Industry or business:
FATHER
12. Name: AL COONTZ
13. Birthplace: VERSAILLES (City, town, or county) MO O (State or foreign country)
MOTHER
14. Maiden name: JEWEL WEAVER
15. Birthplace: MORGAN CO. (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: AL COONTZ
(b) Address: 2634 MONROE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation: VERSAILLES MO.
18. (a) Signature of funeral director: KIDWELL FUNERAL HOME
(b) Address: VERSAILLES, MO
19. (a) 4-7-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1942 hour 4 P.M. minute M.
21. I hereby certify that I attended the deceased from April 7, 1942 to April 7, 1942 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral stenosis	
Due to: 928	
Due to:	
Other conditions: Cold. (Include pregnancy within 3 months of death)	
Major findings: Of operations: Bad Heart	
Of autopsy: NO.	

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): NO
(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? What (e) Means of injury: —
23. Signature: Henry Lloyd (M. D. or ~~other~~)
Address: 2014 Cleveland Date signed 4-7-42

(Licensed Embalmer's Statement on Reverse Side)

2618 Cleveland

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 Bert Logan

Licensed Embalmer No. 3979

P. O. Address K.C. 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.