

FILED MAY 14 1942
2-118

Registration District No.

Primary Registration District No. 2-3 89

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglass
(b) City or town Mountain Grove (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mount Zion
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglass
(c) City or town Mountain Grove (Rural)
(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 March day 4
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 21 - 1942 to Mar. 4 - 1942
that I last saw him alive on Mar. 4 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 100
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 P. M. Henry (M. D. or other)
Address Mtn. Grove Mo. Date signed 3-7-42

3. (a) PRINT FULL NAME Norman Roy Coble

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 single

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

7. Birth date of deceased November 24 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 5 11 hr. min.

9. Birthplace Mtn Grove Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name Ivan Coble

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

14. Maiden name Grace Nevels

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

16. (a) Informant Ivan Coble

(b) Address Mountain Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 5 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Penner Cemetery

18. (a) Signature of funeral director Thos. Staffs

(b) Address Mountain Grove Mo

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

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

RECEIVED

District Health Officer No. 6,

District File Number 542-700

Date Filed MAY 13 1942

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..... *George Stoff*

Licensed Embalmer No. 3161

P. O. Address *W. H. Stone M.C.*

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.

Registration District No. 276

Primary Registration District No. 5389

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Rurcy
(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)

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 Norman R. Cable

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day _____ year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Nov. 24, 1929
(Month) (Day) (Year)

8. AGE: Years 12 Months 3 Days 12 If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-1-42 (b) Thelma S. Water
(Date received local registrar) (Registrar's signature)

Due to _____

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? _____

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

Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

