

FILED JUN 4 1942
Registration District No. 221 223

Primary Registration District No. 5304

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town "Rural" Clear Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Plesant Green Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
Life

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Copper 27

(c) City or town Plesant Green Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Emma Retta Coe

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

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

7. Birth date of deceased: June 21 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Deepwater West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Henderson Windsor

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

14. Maiden name Robenda Colman

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

16. (a) Informant William P Coe

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof May 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plesant Green Mo

18. (a) Signature of funeral director Mc Laughlin Bros.

(b) Address Sedalia Mo

19. (a) May 20-1942 (b) Mrs W W Robins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1942 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 18 1939 to May 4 1942
that I last saw him 4 alive on Apr 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death General arterio Sclerosis

Due to _____

Due to _____

Other conditions Chronic Bright Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 W W Boyer (M. D. or other) _____

Address Sedalia Mo Date signed 5/19/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-42

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Leolalia 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.