

FILED JUL 20 1942

Registration District No. 863

Primary Registration District No. 6127

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town RURAL - PINEY
(If outside city or town limits, write "RURAL" and name of township)

(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 _____
In this community 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State TEXAS (b) County 107

(c) City or town RURAL - PINEY
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi S of Houston on 63
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SAMUEL GEORGE KOONCE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct. day 5th year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 5 1941, to Oct. 5 1941; that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NELLIE E. KOONCE

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 4 1875
(Month) (Day) (Year)

Immediate cause of death DROWNING Duration _____

8. AGE: Years 66 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation POSTMASTER

11. Industry or business U.S.P.O. DEPT.

12. Name GEORGE KOONCE

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

14. Maiden name EMMA

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

16. (a) Informant MR. DEWEY SMITH

(b) Address HOUSTON

17. (a) BURIAL (b) Date thereof 10/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BLOOPLAND

18. (a) Signature of funeral director Gayton V. Elliott

(b) Address HOUSTON MO

19. (a) 10-7-41 (b) Mabel Shacklett
(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) SUICIDE

(b) Date of occurrence OCT 5 1941

(c) Where did injury occur? PINEY, TEXAS MO
(City or township) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? INDIAN CREEK
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature R Anderson (M. D. or other) _____

Address Nauvoo MO Date signed 10/5/41

RECEIVED

District Health Officer No. 5,

District File Number 242-290

Date Filed 7-17-57

AUG 1 1957

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.