

FILED NOV 5 1942 74
Registration District No.

Primary Registration District No. 3052

Registrar's No. 355

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1508 East 4th St., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 28 years, in Pettis County
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Beaman (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1942 hour 7:40 minute A.M.

21. I hereby certify that I attended the deceased from October 20 1942 to Oct 28 1942
that I last saw him alive on October 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis non-infectious
Duration

Due to

Due to job

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

23. Signature Walter Staufhela (M. D. or other) MD
Address Sedalia Missouri Date signed 10-29-42

3. (a) PRINT FULL NAME Boyd Everett Coon

3. (b) If veteran, name war none 3. (c) Social Security No. 493-12-0007

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

6. (b) Name of husband or wife Opal Drinkwater Coon 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October 13, 1905
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Logan County, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Walter Everett Coon

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

14. Maiden name Sarah Wright

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

16. (a) Informant Mrs. Opal Coon (wife)

(b) Address Route 1, Beaman, Mo.

17. (a) Burial. (b) Date thereof Oct. 29,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Alvane Ewing

(b) Address Sedalia, Missouri

19. (a) 10/29/42 (b) Alvane Berger
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-4-42

Dr. H. H. F. ...

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... *D. Ewing*
Licensed Embalmer No. 3847
P. O. Address Sedalia, 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.