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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

Registration District No. 13

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5301

State File No. 38947

Registrar's No. 68

**1. PLACE OF DEATH:**

(a) County Clinton

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

(c) Name of hospital or institution: xxx /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution xxx (Specify whether
In this community xxxxxx
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clinton 25

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

(d) Street No. Shoal Twp.
(If rural, give location)

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

If yes, name country xxxx 0

3. (a) PRINT FULL NAME Lena Mae Coots

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F.

5. Color or race White

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

6. (b) Name of husband or wife W. D. Coots

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased FeB. 20, 1891
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 52 | 8 | 18 | hr. min. |

9. Birthplace Buchanan Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House work

11. Industry or business in Home

FATHER
12. Name John Bryan,
13. Birthplace unknown (City, town, or county) Va. 1 (State or foreign country)

MOTHER
14. Maiden name Margaret Costin,
15. Birthplace Buchanan Co., (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant W D Coots
(b) Address Cameron, Mo. Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NovIO, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Graceland Cem. Cameron, Mo.

18. (a) Signature of funeral director [signature]
(b) Address Cameron, Mo.

19. (a) Nov. 9. 1943 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 8th.
year 1943 hour 3 minute 0 A M.

21. I hereby certify that I attended the deceased from Aug 4, 1943 to Nov 8, 1943
that I last saw her alive on Nov 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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

23. Signature [signature] (M. D. or other)
Address Cameron Mo Date signed Nov 8/43

1086

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**