S. No. 2
M---2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40904

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 5040

1. PLACE OF DEATH
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lakeside O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 35 days (Specify whether years, months or days)
In this community: same

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller
(c) City or town: Brumley
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No): Yes
If yes, name country

3. (a) PRINT FULL NAME: Mr. Pearl Coughenour
3. (b) If veteran, name war: ✓ no
3. (c) Social Security No.: none

4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna
6. (c) Age of husband or wife if alive: Living years
7. Birth date of deceased: Feb (Month) 21 (Day) 1884 (Year)

8. AGE: Years 59 | Months 9 | Days 8 | If less than one day: hr. min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER
12. Name: Henry Coughenour
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
FATHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Hospital records
(b) Address: Lakeside Hosp. K.C. Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 12-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Winfield Kansas
18. (a) Signature of funeral director: R. A. Fulton
(b) Address: Kansas City Kansas
19. (a) 11-30-43 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 29 year: 1943 hour: 9 minute: 24 A.M.

21. I hereby certify that I attended the deceased from Nov. 21, 1943, to Nov. 29, 1943; that I last saw him alive on Nov. 29, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	3 mo
Due to: Hypertension + arteriosclerosis	4 yrs
Due to:	
Other conditions: Mitral Insufficiency (Include pregnancy within 3 months of death)	
Major findings: Of operations: 3/a	
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: L. Jones (M. D. or other) D.O.
Address: 3 8/39 Date signed: 11/30

(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 R A Fuelan

Licensed Embalmer No. 3503

P. O. Address K. C. Kansas

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.