S. No. 2
OM—2-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4022

Registration District No. 292 Primary Registration District No. 4435 Registrar's No.

1. PLACE OF DEATH:

(a) County RALLS.
(b) City or town PERRY - MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PERRY - MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 2 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State MO. (b) County RALLS. 0
(c) City or town PERRY - MO 0
(If outside city or town limits, write "RURAL")
(d) Street No. PERRY - MO.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SAMUEL - S - COONS.
3. (b) If veteran, name war ____ 3. (c) Social Security No. NONE.
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELIZA COONS. 6. (c) Age of husband or wife if alive 68. years
7. Birth date of deceased DEC - 1 - 1859. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	1	22	____ hr. ____ min.

9. Birthplace RALLS - CO. (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER.
11. Industry or business RETIRED.
FATHER
12. Name JOHN - COONS. 1
13. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)
MOTHER
14. Maiden name MARY - RALLS.
15. Birthplace RALLS - CO. (City, town, or county) MO. (State or foreign country)
16. (a) Informant Eliza Coons.
(b) Address PERRY - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation LADDONIA.
18. (a) Signature of funeral director Clyde Wiley
(b) Address Perry Mo.
19. (a) 1/25/44 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23rd year 1944 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from Jan 19, 1943, to Jan - 23, 1944, that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arthritis and Prostatitis	4 years 3 weeks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

59b

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 0
23. Signature John E. Brown (M. D.)
Address PERRY - MO Date signed 1/25/44

1130

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-44-319
Date Filed FEB 8 1944

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~~ Clydie Willey Registered Apprentice No. ....., working under my personal supervision.

Signed Clydie Willey

Licensed Embalmer No. 3920

P. O. Address Perryville 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.