

Registration District No. 211 Primary Registration District No. 5111 Registrar's No. _____

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

1. PLACE OF DEATH: Miller
(a) County Rural - Equality Co
(b) City or town Rural - Equality Co
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Helman - R#1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOUNIA ADELL COAN
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 24
year 1943 hour 7 minute 9 M.
21. I hereby certify that I attended the deceased from July 19, 1943, to Nov. 24, 1943;
that I last saw her alive on Nov. 24, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife George W. Coan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 29 1862
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Cervix
Duration 2 years
Due to _____
Due to _____
Other conditions metastatic carcinoma
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 3 Days 24
If less than one day _____ hr. _____ min.

Major findings: ✓
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Helman, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Farm
12. Name Elroy Van Wagner
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Watkins
15. Birthplace Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant Belvia Cooper
(b) Address Helman, Mo
17. (a) Burial (b) Date thereof 11-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Helman, Mo
18. (a) Signature of funeral director Ch. Casey
(b) Address Springfield, Mo.
19. (a) 11-30-43 (b) A. C. Wright
(Date received local registrar) (Registrar's signature)

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)
(1) _____ (2) Means of injury _____
23. Signature Myron D. Jones
Address Boonville, Mo. Date signed 11/30/43

RECEIVED

Miller County Health Dep't.

County File Number 44-28

Date Filed 2-14-44

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 C. C. Casey
Licensed Embalmer No. 2694
P. O. Address Beva 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.