

No. 2
8-13
5-17-39
I X37823

FILED JAN 12 1945

Registration District No. _____ Primary Registration District No. ~~4750~~ 4334

Registrar's No. 10

1. PLACE OF DEATH:

(a) County MONETEAU

(b) City or town LATHAM - Pilot Grove
(If outside city or town limits, write "RURAL" and name of township)

(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 1
(Specify whether _____)

In this community 8 year
years, months or days

3. (a) PRINT FULL NAME WILLIAMS J. COONS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCT 2nd 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9 2 18 hr. min.

9. Birthplace VERSAILLES MO
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM T. COONS

13. Birthplace DALLAS CO, MO
(City, town, or county) (State or foreign country)

14. Maiden name JESSIE McCASLIN

15. Birthplace CAMDEN CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Coons

(b) Address Latham Mo

17. (a) Burial (b) Date thereof Dec 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LATHAM CEMETERY

18. (a) Signature of funeral director J. J. Coons

(b) Address Versailles Mo

19. (a) 12-22-44 (b) Mrs H. J. Sullins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MORGAN 71

(c) City or town VERSAILLES-MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20th
year 1944 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Dec 19, 1944, to Dec 20, 1944, that I last saw him alive on Dec 19, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Larvet. lobe - bilateral Duration 1 week

Due to _____

Due to 108

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)

(c) Means of injury _____

23. Signature Henry Latham (M. D. or other) _____

Address California, MO Date signed 12-22-44

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

8000

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed: 1-3-45.....

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

J. T. Hamill

Licensed Embalmer No. 1596

P. O. Address: *Wesleyville 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.