

Registration District No. 43

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town PAOLI BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LUCY LEE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 DAYS
(Specify whether
In this community U
years, months or days)

3. (a) PRINT FULL NAME

EVA KOONCE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM KOONCE 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased DECEMBER 19 1879
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>67</u> | <u>0</u> | <u>26</u> | hr. min. |

9. Birthplace CAMPBELL Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

12. Name THOMAS EDWARDS
13. Birthplace CAMPBELL Missouri U
(City, town, or county) (State or foreign country)
14. Maiden name MARGARETTE LEENCH
15. Birthplace CAMPBELL Missouri U
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN KOONCE
(b) Address MAIDEN, MISSOURI

17. (a) BURIAL (b) Date thereof 1-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK Cemetery

18. (c) Signature of funeral director DAY FUNERAL HOME

(b) Address MAIDEN, MISSOURI
19. (a) 1-23-45 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DUNKLIN
(c) City or town MAIDEN 35
(If outside city or town limits, write "RURAL")
(d) Street No. 400 E OZARK 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day SUNDAY-14th
year 1945 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 6
1945 to Jan. 14 1945
that I last saw her alive on Jan. 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus 1da
Due to Peritonitis 8da
Due to Ruptured appendicitis 10da

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 12/11

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, or farm, in industrial place, in public place?
While at work? JOY (Specify type of place) (e) Means of injury 0

23. Signature Joy Meeker (M. D. or other)
Address Toplev Bluff Mo Date signed 1/18/45

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

273

FEB 16 1945

AUG 19 1950

RECEIVED

District Health Office No. 2,

District File Number 245-176

Date Filed 2-7-45

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. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.