. S. No. 2
0M—2-43
ev. 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 MAR 19 1945

Registration District No. 169

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4260

State File No. 10011

Registrar's No. 255

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Baring
(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 (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Baring
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Bernard Courtney

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 married

6. (b) Name of husband or wife Clara Josephine Dailing

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept - 29 - 1874.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	4	5	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name UK
13. Birthplace UK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UK
15. Birthplace UK (City, town, or county) (State or foreign country)

16. (a) Informant Clara Courtney
(b) Address Baring Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Joseph Cemetery

18. (a) Signature of funeral director Keith Hudson Edna
(b) Address Edina Mo

19. (a) 2-5-45 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1945 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Jan first 1945 to Feb 4 1945
that I last saw him alive on Feb 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia following Coronary Thrombosis — Duration 4 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature F. E. Lunan (M. D. ~~or other~~)
Address Edina Mo Date signed Feb 6/45

1142

(Licensed Embalmer's Statement on Reverse Side)

Order No. 90
Certificate Number 3-45-531
MAR 16 1945

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.