S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1946

State File No. 41302

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40

(c) City or town Trenton Mo. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME JOHN FRANKLEN KOONS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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 Feb (Month) 6 (Day) 1862 (Year)

8. AGE: Years 83 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Gilman City Ave. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John F. Koons
13. Birthplace unknown 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lottie Ladd 1
15. Birthplace unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ella [illegible] 1
(b) Address [illegible]

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director W D Hamel
(b) Address Gilman City Mo.

19. (a) 11-11-45 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1945 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 20 45
, 19 , to Nov 9 1945
that I last saw him alive on Nov 8 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pernicious Anemia	
Due to & Maculeas	
Due to	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Trenton Mo Date signed 11/10/45

1451

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 W D Haines., Registered Apprentice No. _____, working under my personal supervision.

Signed W D Haines.

Licensed Embalmer No. 949

P. O. Address Gilman City 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.