

Registration District No. **156**Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
314½ E. 5th Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **Entire life**
 years, months or days)

3. (a) PRINT FULL NAME **Minnie Coon**3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex **Female** / 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased **March 25 1870**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 9 hr. min.

9. Birthplace **Saginaw Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**
 11. Industry or business **Her home**
 12. Name **Madden Lane**
 13. Birthplace **Hamilton County Illinois**
 (City, town, or county) (State or foreign country)
 14. Maiden name **MARADO Farmer**
 15. Birthplace **Hamilton County Illinois**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Thelma McClintick**
 (b) Address **320 E. 5th St., Joplin, Mo**
 17. (a) **Burial** (b) Date thereof **19-5-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery
Parker-Hunsaker**
 18. (a) Signature of funeral director _____
 (b) Address **1502 Joplin, Joplin, Mo**
 19. (a) **9-6-46** (b) **Ed Spence**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
 (c) City or town **Joplin** **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **314½ E. 5th** **5**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** **3**
 year **1946** hour **1:30** minute **A** M.

21. I hereby certify that I attended the deceased from **September 1**
1946 to **September 3, 1946**
 that I last saw her alive on **September 1, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial Failure** Duration
Hypostatic Pneumonia
 Due to **Wormy poisoning from dehydration**
 Due to _____

Other conditions **Fracture left hip 2 months**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 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) _____ **132**
 (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 **Ed Martin** (M.D. or other) **100**
 Address **Joplin, Mo** Date signed **9-4-46**

158

(Licensed Embalmer's Statement on Reverse Side)

46-8-794

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Jasper
(b) City or town: Jasper
(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 _____ years, months or days

3. (a) PRINT FULL NAME: Minnie Coon
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: wid
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____
7. Birth date of deceased: mar 25 (Month) (Day) (Year)

8. AGE: Years: 76 Months: 5 Days: _____ (Less than one day) _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation: _____

11. Industry or business: _____
12. Name: _____
13. Birthplace: _____ (City, town, or county) (State or foreign country)
14. Maiden name: _____
15. Birthplace: _____ (City, town, or county) (State or foreign country)

16. (a) Informant: _____ (b) Address: _____
17. (a) _____ (b) Date thereof: _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

13. (a) Signature of funeral director: _____ (b) Address: _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: _____ (b) County: _____
(c) City or town: _____ (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 _____ year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death: _____

Due to: _____
Due to: _____
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations: 1860P
Of autopsy: 18

Duration _____
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) Accident
(b) Date of occurrence: June 8, 1946
(c) Where did injury occur? Joplin, Jasper, Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the home (Specify type of place)
While at work? at night (e) Means of injury fall

23. Signature: H. Bonar (M. D. or other) _____
Address: 506 Jerome Bldg. Date signed: 10/8/46

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

24499

SUPPLEMENTARY

30667