

FILED APR 1 1947

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community _____
years, months or days

3. (a) PRINT FULL NAME Everette Cooner

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-14-0819

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

6. (b) Name of husband or wife Marie Agnes Cooner 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Dec 28 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Benjamin Cooner

13. Birthplace Warsaw Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Paula Fern Johnson

15. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)

16. (a) Informant Clude Cooner

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 3-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director James Smith

(b) Address Deepwater Mo

19. (a) 3-25-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Deepwater
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour 2:45 minute _____ p.M.

21. I hereby certify that I attended the deceased from March 21
8:00 AM, 1947, to 2:45 pm March 21, 1947;

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 Second degree burn

Due to 90% of body area

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1st / 15
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 42

(b) Date of occurrence March 21, 1947

(c) Where did injury occur? Deepwater Henry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place

While at work yes (Specify type of place)
Type of injury fire ignited

23. Signature James Smith (M. D. or other) MD

Address Clinton, Mo Date signed 3-22-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18181947

RECEIVED
District Health Officer No. 7,
District No. 9, 47-325
District file Number 3-31-47
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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Tom Hunt*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater MD*

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.