

FILED MAY 8 1947

Registration District No. 387

Primary Registration District No. 4086

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: Home in Tina
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Coen States

3. (b) If veteran, name war No

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 Mildred States

6. (c) Age of husband or wife if alive 66 years

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

8. AGE: Years 67 Months 7 Days 9 If less than one day min.

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

10. Usual occupation Farmer

11. Industry or business 9

12. Name Thas. States

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Allen

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mildred States

(b) Address Tina Missouri

17. (a) Burial (b) Date thereof 4/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coloma, Clifton, W. Justice

18. (a) Signature of funeral director Tina Missouri

(b) Address Tina Missouri

19. (a) 5-1-47 (b) Mrs. Rex Henderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Tina
(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 April day 28th
year 1947 hour 5 minute 11 M.

21. I hereby certify that I attended the deceased from April 22, 1947, to April 28, 1947;
that I last saw him alive on April 27, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION Duration 3 days

Due to Arteriosclerosis 6 yrs.
Hypertension

Due to _____

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

Major findings: Of operations 94A

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 2

23. Signature R. W. Matheny (M. D. or other) MD

Address Tina Missouri Date signed 4/30/47

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

17
0
0

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 5-7-47

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.....

Clifford W Austin
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Clifford W Austin
.....
Licensed Embalmer No. 3233

P. O. Address.....

Anna, 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.