

FILED MAY 19 1947

State File No. \_\_\_\_\_

Registration District No. 120

Primary Registration District No. 5446

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Henry - Cooper Twp  
(b) City or town Stamberg, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: E. of Stamberg 2 1/2 mi  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 80 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 36  
(c) City or town Stamberg Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. E. of Stamberg 2 MI  
(If rural, give location)  
(e) Citizen of foreign country NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. (a) DATE OF DEATH: Month May day 3  
year 1947 hour 11 minute 10 A M.  
21. I hereby certify that I attended the deceased from Jan 1946 to Nov 8 1946  
that I last saw him alive on Nov 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial chronic  
Due to arteriosclerosis general

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 977  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other)  
Address Stamberg, Mo. Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. ANN LAWRENCE MCCOUBOUGH  
3. (b) If veteran, name war V  
3. (c) Social Security No. NONE

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife MCCOUBOUGH  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: NOV 12 1850 (Month) (Day) (Year)

8. AGE: Years 96 Months 5 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lincoln Co NY (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name Martine Crow

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Frances Longley

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Witnesses deceased

(b) Address Stamberg MO

17. (a) Burial (b) Date thereof 5-11-47 (Month) (Day) (Year)

(c) Place: burial or cremation Stamberg MO

18. (a) Signature of funeral director Stacy H. Phillips

(b) Address Stamberg MO

19. (a) May 8 1947 (b) Stacy H. Phillips (Registrar's signature) (Date received local registrar) (Date)

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

DISTRICT HEALTH OFFICE  
Columbia, Mo.

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 Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry, 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.