

FILED JUL 11 1947
128

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12. Hrs.
(Specify whether years, months or days)
 In this community 12. Hrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 1646 N. Weller
(If rural, give location)
 (e) Citizen of foreign country? (No)
 If yes, name country _____

3. (a) PRINT FULL NAME Donney Cooney
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 3
 year 1947 hour 11: minute 00 P.M.

4. Sex Male
 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: July 2 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/2 1947 to 7/3 1947
 that I last saw him alive on 7/3 and that death occurred on the date and hour stated above.
 Immediate cause of death: pulmonary atelectasis - from birth.

8. AGE: Years _____ Months _____ Days _____ If less than one day 12. hr. _____ min.

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

9. Birthplace: Springfield Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Infant

PHYSICIAN
 Major findings: 16/17
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name William J. Cooney
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Vera Wood
 15. Birthplace Buffalo Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J. Cooney
 (b) Address Springfield, Mo.
 17. (a) Burial (b) Date thereof 7/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary

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?

18. (a) Signature of funeral director H.H. Lohmeyer
 (b) Address Springfield, Mo.
 19. (a) 7-3-47 (b) W E Handley
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature W Roland Langston M.D. or other _____
 Address Springfield, Mo Date signed 7-3-47

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

9
2
6

MOTHER FATHER

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.

*This body not
embalmed.*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.