S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37067

FILED DEC 4 1947
Registration District No. 67

Primary Registration District No. 4049

Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Centralia - ON RAILROAD ENGINE
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Randolph
(c) City or town: Moberly
(If outside city or town limits, write "RURAL")
(d) Street No.: 816 Concannon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: /

88
6
3

3. (a) PRINT FULL NAME: Eugene C. Coomes
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: 703-01-2424
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Maude
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 14th (Day) 1884 (Year)

8. AGE: Years 62 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace: (City, town, or county) Kas. (State or foreign country)
10. Usual occupation: Engineer
11. Industry or business: Wabash RR.

FATHER
12. Name: JOSEPH COOMES
13. Birthplace: (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name: NETTIE PARKHURST
15. Birthplace: (City, town, or county) ILL. (State or foreign country)

16. (a) Informant: Mrs Maude Coomes
(b) Address: Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly, Mo
18. (a) Signature of funeral director: Mahan and Son
(b) Address: Moberly, Mo
19. (a) Dec 1-1947 (Date received local registrar) (b) Maud McBride (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24th year 1947 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Unknown	
Due to: Believed to be heart disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None ordered	

PHYSICIAN — Underline the cause of 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) 3
While at work? (e) Means of injury

23. Signature: [illegible] Coroner (M.D. or other)
Address: Columbia Mo. Date signed 11-25-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-3-42

SEP 5 1958

DEC 5 1947

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 Frank B DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.