

FILED MAR 19 1948
Registration District No. 70

Primary Registration District No. 4124

State File No. _____
Registrar's No. 19

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Kahoka
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark

(c) City or town Kahoka - Mo
(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 _____

3. (a) PRINT FULL NAME Rev. Wilcox M. Cooney

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Pricker alive 75 years

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

7. Birth date of deceased June - 9 - 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>8</u>	<u>22</u>	hr. _____ min.

9. Birthplace Franklin Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Minister Retired

11. Industry or business _____

MOTHER FATHER

12. Name John K. Cooney

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

14. Maiden name Judith Abigail

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

16. (a) Informant Mrs Florence Cooney

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 3-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery, 22 Madison Ave, Kahoka, Mo.

18. (a) Signature of funeral director Frank Jones

(b) 9/10-48 Kahoka Mo.

19. (a) 9/10-48 (b) J. H. Bridges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1948 hour 3 minutes 30 P. M.

21. I hereby certify that I attended the deceased from 2/10/48 to 2/1-48, 1948; that I last saw him alive on 2/1-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Resilicity

Due to Spinal Osteitis

Due to Fracture

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

Major findings:
Of operations _____

Of autopsy 99 A

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) (c) Means of injury _____

23. Signature J. H. Bridges (M. D. or other) _____

Address Kahoka Mo. (Designated)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

OCT 22 1948

RECEIVED
District Health Officer No. 10
District File Number 3-48-573
Date Filed MAR 17 1948

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kabota 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.