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

FILED NOV 26 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 37342

Registrar's No. 357

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1316 Park Ave.
(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: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: 1316 Park
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: WILLIAM R. COUCH
3. (b) If veteran, name war: ---
3. (c) Social Security No.: --
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Maude Couch
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: May (Month) 26 (Day) 1870 (Year)
8. AGE: Years 78 Months 5 Days 16 If less than one day ... hr. ... min.
9. Birthplace: New London (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: retired farmer
11. Industry or business: ---
FATHER
12. Name: C. Perry Couch
13. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Louise Alexander
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Maude Couch
(b) Address: 1316 Park, Hannibal, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Roy P. Schwartz
(b) Address: 1000 Broadway, Hannibal, Mo.
19. (a) 11-19-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 12 year 1948 hour 8 minute 30 p. M.
21. I hereby certify that I attended the deceased from Oct 23, 1948, to Nov 5, 1948, that I last saw him alive on Nov 5, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	2 yrs
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury
23. Signature: A B Blue (M. D.)
Address: Hannibal Mo Date signed 11-18-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth F. Silsman, Registered Apprentice No. 273, working under my personal supervision.

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Hannibal, 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.