FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16607

Registration District No. 289 — Primary Registration District No. 3043 — Registrar's No. 191

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: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2709 Chestnut (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Marion 64
(c) City or town: Hannibal (If outside city or town limits, write "RURAL")
(d) Street No.: 2709 Chestnut (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edith Coursey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Fe Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: 2
6. (b) Name of husband or wife: Joe Coursey
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 11 (Month) 25 (Day) 1875 (Year)

8. AGE: Years 73 | Months 5 | Days 22 | If less than one day: hr. min.

9. Birthplace: Palmyra (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
12. Name: Louis Sims
13. Birthplace: Palmyra (City, town, or county) Mo (State or foreign country)
14. Maiden name: Ella
15. Birthplace: Palmyra (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Wm Johnson
(b) Address: 2709 Chestnut St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-20-49 (Month) (Day) (Year)
(c) Place: burial or cremation: Robinson
18. (a) Signature of funeral director: Geo E Roberts
(b) Address: Hannibal Mo
19. (a) 6-6-49 (Date received local registrar) (b) Dr. E. M. Lucke By Registrar's Signature Deputy 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17 year 1949 hour 9 minute 3 PM
21. I hereby certify that I attended the deceased from 4-15- 1949 to 5-15 1949 that I last saw her alive on 5-15 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to	
Due to	
Other conditions: acute Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 4201

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: Dr. C. W. Fox (M. D. or other)
Address: 1816 Center Date signed: 6-3-49

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

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

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 Geo. E. Roberts

Licensed Embalmer No. 2193

P. O. Address Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.