

FILED MAR 11 1940

Registration District No. 420

Primary Registration District No. 2022

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto *Vally*
(c) Name of hospital or institution: Not in hospital *2*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Rural
(If outside city or town limit write "RURAL")
(d) Street No. Star Route, Fletcher.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Helen Marie Couch

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced infant

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

7. Birth date of deceased Oct. 28 1939
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Fletcher Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Couch

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

14. Maiden name Betty Christian

15. Birthplace Pine Vally Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Couch

(b) Address Fletcher Mo

17. (a) burial (b) Date thereof March 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ware Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto Mo 381

19. (a) 3-8-40 (b) Jeneva Danzell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29
year 1940 hour 1 minute 55 P.

21. I hereby certify that I attended the deceased from Feb. 29 1940 to Feb. 29 1940;
that I last saw her alive on Feb. 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Karl V. Mappin (M. D. or _____)

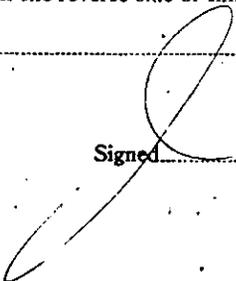
Address Edgar Bldg De Soto Mo. Date signed 2/29/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 

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, above space should be left blank.