

MAY 13 1940 5  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5291

Registrar's No. 29

## 1. PLACE OF DEATH:

(a) County CEDAR  
 (b) City or town STOCKTON, LINN  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community most of life (Specify whether  
 years, months or days) 42

8. (a) PRINT FULL NAME ZOE ISABEL COULTER

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife ORAL COULTER 6. (c) Age of husband or wife if alive 42 years7. Birth date of deceased April 29 1898  
(Month) (Day) (Year)8. AGE: Years 42 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace DUNNEGAN, MO.  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

## 11. Industry or business \_\_\_\_\_

12. Name GEORGE HARMON13. Birthplace VIRGINIA  
(City, town, or county) (State or foreign country)14. Maiden name SARAH BAKER  
(City, town, or county) (State or foreign country)15. Birthplace BEER CREEK, MO.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Zoe Coultter(b) Address STOCKTON, MO.17. (a) OLD UNION (b) Date thereof 4/30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation OLD UNION18. (a) Signature of funeral director W. C. Davis & Co.(b) Address STOCKTON, MO.19. (a) May 3 / 1940 (b) Mrs. Minnie Carleton  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR  
 (c) City or town STOCKTON  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1940 hour 7 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from March 9, 1940 to April 29, 1940,  
that I last saw her alive on April 29, 1940,  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Pancreas Duration 3 mo.Due to Cardiac decompensation 3 mo.Due to Rheumatic heart disease 2 yr.Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 46Major findings: NoneOf autopsy None

## 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? \_\_\_\_\_

9 35 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Donald C. Asher (M. D. or other) M.D.Address Stockton, Mo. Date signed 4-29-40

**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

*Melvin Church*

Licensed Embalmer No.

*3272*

P. O. Address

*Stockton 9*

**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, above space should be left blank.**