

Registration District No. 878

Primary Registration District No. 4531

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Sheldon Mo  
(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 2  
(Specify whether years, months or days) fifty years

8. (a) PRINT FULL NAME yes 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 alice Couch 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 17 - 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Boone Co Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER  
11. Industry or business  
12. Name John E Couch  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth S. Couch  
15. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant alice Couch  
(b) Address Sheldon Mo

17. (a) Burial (b) Date thereof Sept 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sheldon Mo

18. (a) Signature of funeral director J. B. Beamy & Sons  
(b) Address Sheldon Mo

19. (a) Sept 10 1940 (b) Carroll T. Beamy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Sheldon  
(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 Sept, day 10  
year 1940 hour 4 A minute 30 M.

21. I hereby certify that I attended the deceased from Sept 7, 1940, to Sept 10, 1940.  
that I last saw him alive on Sept 17, 1940.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degeneration  
Duration Progressive over a period of years.

Due to Don't know

Due to Don't know

Other conditions none known  
(include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations ✓  
Of autopsy ✓ AJC  
Underline the cause to 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?  
✓  
790 (Specify type of place) While at work? ✓ (e) Means of injury ✓  
28. Signature None (M.D. or other)  
Address Nevada, Mo Date signed Sept 10 1940

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

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1388

Date Filed 10-7-40

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 \_\_\_\_\_

Yerald Beany, Registered Apprentice No. 2175  
working under my personal supervision.

Signed Carroll T. Beany  
Licensed Embalmer No. 2385

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.