DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2105

FEB 14 1941

Registration District No. 128 Primary Registration District No. 4071 Registrar's No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Oak Ridge (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 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girar

(c) City or town: Oak Ridge (If outside city or town limits, write "RURAL") C

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Margaret A. Couch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, ~~married~~, ~~divorced~~: Widowed

6. (b) Name of husband or ~~wife~~: Joseph P Couch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Oct (Month) 17 (Day) 1868 (Year)

8. AGE: Years 72 Months 3 Days 0 If less than one day hr. min.

9. Birthplace: Sumner (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business

FATHER 12. Name: Charles B Anderson

13. Birthplace: Utica (City, town, or county) New York / (State or foreign country)

MOTHER 14. Maiden name: Elizabeth Bowen

15. Birthplace: (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant's own signature: Mildred C Robinson

(b) Address: Oak Ridge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-21-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Alton Missouri

18. (a) Signature of funeral director: Wilson Statler Scaburgh

(b) Address: Jackson Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1941 hour 7 G minute 55 C M.

21. I hereby certify that I attended the deceased from Oct 2, 1938, to Jan 17, 1941; that I last saw him alive on Jan 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Double Pneumonia — Duration

Due to

Due to

Other conditions: Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: A D Blaylock (M. D. ~~or other~~)

Address: Oak Ridge Mo Date signed Jan 20-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson Miss

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

If this body is not embalmed, above space should be left blank.