

Registration District No. 654

Primary Registration District No. 5872

Registrar's No.

1. PLACE OF DEATH:

(a) County permioco
(b) City or town Coater
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County permioco
(c) City or town Coater
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1941 hour 5:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____
Jan. 1, 1941, to 4-16-1941;
that I last saw her alive on 4-16-1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis

Due to _____
Due to _____

Other conditions _____
(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? _____

23. Signature P. E. Cooper (M. D. or other) Dr. M. S.
Address Coater, Mo. Date signed 4-17-41

3. (a) PRINT FULL NAME Jda F. Dillon

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept 7 - 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Bryd Stevenson

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

14. Maiden name Melissa Parker

15. Birthplace unborn
(City, town, or county) (State or foreign country)

16. (a) Informant John Dillon

(b) Address Coater, Mo.

17. (a) Burial (b) Date thereof 4-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation No. 8 cemetery

18. (a) Signature of funeral director Emerson Burns
(b) Address Harmersville, Mo.

19. (a) 5-10-1941 (b) Tom Brune
(Date received local registrar) (Registrar's signature)

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

5-41-34

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.