

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41237

State File No. \_\_\_\_\_

FILED JAN 20 1942

Registration District No. 2

Primary Registration District No. 206

Registrar's No. 11

1. PLACE OF DEATH: Andrew  
 (a) County Andrew  
 (b) City or town Flagsprings, Union Star Mo. R.  
 (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 24 Yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Andrew  
 (c) City or town Flagsprings, Union Star Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Florence Coil.  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex Female 5. Color or race Cau.  
 6. (a) Single, widowed, married, divorced, widow  
 6. (b) Name of husband or wife C.J. Coil.  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 7, 1856

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>11</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business 331111

12. Name Geo. Montgomery

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

14. Maiden name Polly Owens.

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

16. (a) Informant Woodson Coil

(b) Address Union Star Mo. R.

17. (a) Burial (b) Date thereof 12.10.1941  
 (Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Flagsprings Mo.

18. (a) Signature of funeral director R. J. Taggart

(b) Address King City Mo.

19. (a) Dec 11 1941 (b) Mrs. E. C. Jelleries  
 (Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
 year 1941 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 7 1941 to Dec 8 1941;  
 that I last saw her alive on Dec 7 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage

Due to Dysentery renal

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1310

Of autopsy none

Duration

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? \_\_\_\_\_

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

23. Signature Arthur E. Rockwell (M.D. or other) MD  
 Address Union Star, Mo Date signed 12/11/41

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

MOTHER FATHER

13

RECEIVED

District Health Officer No. 10

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

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 *R. B. Tappan*

Licensed Embalmer No. 2563

P. O. Address King City Mo.

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, fact should be so stated above.