

FILED FEB 10 1942

Registration District No. 85Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nursing Home 2018 Francis St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Yr.
 (Specify whether
 In this community 1 yr.
 years, months or days)

8. (a) PRINT FULL NAME Ella Eliza Coen3. (b) If veteran,
name war —3. (c) Social Security
No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William Coen 6. (c) Age of husband or wife if
 alive 26 years
 7. Birth date of deceased May 26 1856
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>85</u>	<u>7</u>	<u>25</u>	hr. <u>—</u> min. <u>—</u>

9. Birthplace DeKalb Co., Mo.
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
 { 12. Name William Dyson
 { 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Opheelia Montgomery
 { 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. May Frost(b) Address Maysville Mo17. (a) Removal (b) Date thereof 1/23-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maysville Cemetery18. (a) Signature of funeral director Pilcher Funeral Home(b) Address Maysville Mo19. (a) Jan 23, 1942 (b) W. Nestlebusch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
 (c) City or town Maysville (Rural)
 (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. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1942 hour 5 minute 30 P. M. A. M.21. I hereby certify that I attended the deceased from
Jan 9 - 1942 to Jan 21 1942
that I last saw her alive on Jan 9 - 1942
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage
Duration 12 daysDue to General arterio SclerosisDue to —Other conditions none
(Include pregnancy within 3 months of death)Major findings: 83a
Of operations —Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

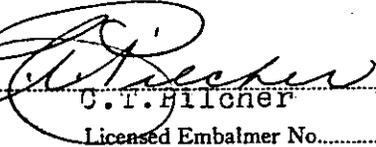
(a) Accident, suicide, or homicide (specify) —(b) Date of occurrence. —(c) Where did injury occur? —
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
—While at work? — (Specify type of place) (e) Means of injury —23. Signature J. Melaney (M. D. or other) M.D.Address 401 Ballinger Bld. Date signed 1-25-42

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..... .....

C. F. Fitcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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, above space should be left blank.