

FILED: APR 26 1942
Registration District No. 732

Primary Registration District No. 3006-5118

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone P10
(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1309 Windsor Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes name country _____ 0

3. (a) PRINT FULL NAME Coons, James Edward

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary Susan Truitt Coons 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 18th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 16 hr. min.

9. Birthplace Callaway County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER FATHER

12. Name Mr. H. Coons

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

14. Maiden name Eleanor P. Robinson

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

16. (a) Informant Patient

(b) Address Columbia Mo. 3/5 '42

17. (a) Burial (b) Date thereof 3/5 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Noblesburg Mo

18. (a) Signature of funeral director T. J. Ferris

(b) Address Columbia Mo.

19. (a) 3-4-42 (b) E. D. Barker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1942 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Feb. 24 1942 to Mar. 3 1942
that I last saw him alive on 3/3/42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum & hepatic metastasis Duration 3 wks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Ca Rectum & liver metastasis
Of autopsy same

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 Gene B. Shackleford M.D. (M. D. or other) _____

Address Ellis Fischel Cancer Hosp Date signed 3/3/42

1250

(Licensed Embalmer's Statement on Reverse Side)

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

010
2
4

665
817 R. *[unclear]*
Burke

817 R. *[unclear]*

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 *M. W. M. Pitsoch*
Licensed Embalmer No. *3893*
P. O. Address *Columbia 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.