

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4

Registration District No. 2479 Primary Registration District No. 4149

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

1. PLACE OF DEATH:
(a) County Daviness
(b) City or town Cossey
(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 entire life years, months or days

3. (a) PRINT FULL NAME Dewitt C Courter
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Courter
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb 14 1881
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Retired Farmer

MOTHER FATHER {
12. Name Dewitt C Courter
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Chloe J. Miller
15. Birthplace Va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Courter
(b) Address Cossey Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 42
(Month) (Day) (Year)
(c) Place: burial or cremation Cossey

18. (a) Signature of funeral director [Signature]
(b) Address Pattersons Bros

19. (a) 5-9-42 (Date received local registrar) (b) S. O. Richardson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daviness
(c) City or town Cossey (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 May day 7 year 1942 hour 12:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on May 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia from suppurative Nephritis and Cystitis
Due to Prostatic Hypertrophy (Benign) which closed off the ureters

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

Major findings: _____
Of operations _____
Of 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 P. S. Baumgardner (M. D. or other) MD
Address Cossey Mo Date signed 5/9/42

Duration
5/4/42
5/1/40
1930
PHYSICIAN
Underline the cause to which death should be charged statistically.

1370

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 *G. S. Brown*

Licensed Embalmer No. *2857*

P. O. Address *Patersonburg 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.