V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20506

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 176

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wells-Lee Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair 1 3
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 411 E Missouri St.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALVARO JETHRO COULSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White O
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Minnie Coulson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Jan (Month) 6 (Day) 1969 (Year)

8. AGE: Years 73 Months 5 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Adair County (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer
FATHER
12. Name Jethro Coulson
13. Birthplace Ill (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Lucinda Allison
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
16. (a) Informant Homer R. Coulson
(b) Address Merino, Colo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sabath Home
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville Missouri
19. (a) June 10, 1942 (Date received local registrar) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1942 hour 10 minute 5 P.M.
21. I hereby certify that I attended the deceased from June 2nd - June 7, 1942 to June 7, 1942
that I last saw him alive on June 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation
Due to Carcinoma of Esophagus
Due to
Other conditions (Include pregnancy within 3 months of death) 46a
Major findings:
Of operations
Of autopsy

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

23. Signature Wm. Wells-Lee (M. D. or other) DO.
Address Wells-Lee Hospital Date signed June 9 42

10471 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1461
Date Filed JUL 21 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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.**