

FILED SEP 14 1942

Registration District No. 862

Primary Registration District No. 6143

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Cass Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cass Twp./near Elk Creek mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Allen Coatney

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 Single

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

7. Birth date of deceased Mar 20 1942
(Month) (Day) (Year)

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

9. Birthplace Cass Township MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Chris Coatney

13. Birthplace Texas Co mo
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Atchison

15. Birthplace Douglas Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Chris Coatney

(b) Address Elk Creek mo.

17. (a) Burial (b) Date thereof March 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Solo Cemetery

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Carroll mo.

19. (a) March 24-42 (b) Miss Fox Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Texas 107

(c) City or town Rural Cass Township
(If outside city or town limits, write "RURAL")

(d) Street No. near Elk Creek mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1942 hour 5 PM minute _____ M.

21. I hereby certify that I attended the deceased from Mar 20
1942 to Mar 20 1942
that I last saw her alive on Mar 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to _____

Due to Good

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

Duration

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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) L

(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 0

23. Signature John Edna (M. D. or other) _____

Address Carroll mo Date signed Mar 20 1942

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

07
0
0

RECEIVED

District Health Officer No. 5,

District File Number 942769

Date Filed 9-11-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.