

FILED OCT 9 1942
Registration District No. 99

Primary Registration District No. 5376

Registrar's No. 48

1. PLACE OF DEATH:

(a) County DE KALB

(b) City or town RURAL GRAND RIVER
(If outside city or town limits, write "RURAL" and name of township)

(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 40 YEARS. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DEKALB 25

(c) City or town PAMERIN
(If outside city or town limits, write "RURAL")

(d) Street No. WEST 3rd St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROBERT GUESS COEN

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-14-3255

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 26 year 1942 hour 8 minute 30 A. M.

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGARET COEN

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased JAN 24 1878
(Month) (Day) (Year)

21. I hereby certify that Followed the body that I last saw alive and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 8 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

9. Birthplace MANSVILLE MISSOURI
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation PAINTER

11. Industry or business GENERAL COMMERCIAL

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name DAVID COEN

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

14. Maiden name unknown

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

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? _____

16. (a) Informant Robert Byron Coen

(b) Address Cameron Mo

17. (a) Robert (b) Date thereof Sept 28, 1942
(Name) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo

18. (a) Signature of funeral director Cameron Mo

(b) Address Cameron Mo

19. (a) 9-28-42 (b) Om O'Grady
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

23. Signature William E. Rockwood M. D. or other _____

Address Union Star, Mo Date signed 9-26-42

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

32
60

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. 1180

P. O. Address Cameron, 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.