

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41394
State File No. _____
Registrar's No. 303

FILED DEC 20 1943
Registration District No. 4002

Primary Registration District No. 4002

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Brushers
(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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Brushers
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KEMER E. COULSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willie Coulson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 11 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 1
year 1943 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from July 15
1943 to Dec 1 1943
that I last saw him alive on Dec 1 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 7 5 70 hr. _____ min.

Immediate cause of death apoplexy
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Adair Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____
12. Name James Coulson
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Frances Adair
15. Birthplace Adair
(City, town, or county) (State or foreign country)

Major findings: J. B. A.
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. E. E. Coulson
(b) Address Brushers Mo.
17. (a) Sabbath Home (b) Date thereof Dec. 3 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Frank R. Eddy
(b) Address Brushers Mo.
19. (a) 12/6/43 (b) Dr. J. L. Wagner
(Date received local registrar) (Registrar's signature)

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 Dr. R. M. Martin (M. D. or other) DO
Address Brushers Date signed 12-5-43

RECEIVED

District Health Officer No. 10

District File Number

12-43-2053

DEC 8 1943

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

Foster P. Easley

Licensed Embalmer No.

1146

P. O. Address

Boachon, 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.