

V. S. No. 2
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Rev. 5-17-39
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42079

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 9 1946
Registration District No. 274

Primary Registration District No. 4407

Registrar's No. 353

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town La Monte Mo.
(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 Nine Years
years, months or days

3. (a) PRINT FULL NAME James H. Couch

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 Single

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

7. Birth date of deceased June 25 1859
(Month) (Day) (Year)

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

86 6 26 hr. _____ min.

9. Birthplace Camp Point Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Ferman Couch

13. Birthplace Culpepper Co., Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ruth McCormack

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

16. (a) Informant L. C. Roberts on

(b) Address La Monte Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-45
(Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director R. F. Parker

(b) Address La Monte Mo.

19. (a) 12-26-45 (Date received local registrar) (b) A. G. Campbell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town La Monte Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1945 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to Dec 21 1945
the last saw him alive on Dec 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy g3d

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. E. Walker (M. D. brother) no

Address La Monte Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

12-26-45
22

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-46

FEB 27 1946

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 B. J. Parker

Licensed Embalmer No. 1592

P. O. Address he Monte 1920

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.