S. No. 2
M—8-43
. 5-17-39
I X37823

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

3512

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4483

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
1326 N. Olive St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Rual 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #2, Mexico, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jesse Edith Coose

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Turner Richard Coose

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 20, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	11	15	hr. min.

9. Birthplace Boone County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Charles Nichols

13. Birthplace Monroe County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Rosie Parker

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

16. (a) Informant T. Richard Coose

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Columbia

18. (a) Signature of funeral director Earl E. Parks

(b) Address Mexico, Mo.

19. (a) Jan 8-46 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1946 hour 10 minute 10P M.

21. I hereby certify that I attended the deceased from Aug 25, 1945, to Jan 5, 1946; that I last saw her alive on Jan 5, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	1 minute
Due to Cardiac vascular renal disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94P

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 C. Frank L. Garcia (M. D. or other)

Address 103 E. Jackson Mexico, Mo. Date signed Jan 7-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-46-402
Date Filed MAR 7 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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.