

**FILED** OCT 10 1946

Registration District No. 00

Primary Registration District No. 5390

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

**1. PLACE OF DEATH:**

(a) County Dent  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dent  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Near Salem, Missouri  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Elizabeth Coons

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Richard F. Coons 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 6 1871  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 24 If less than one day, \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name No Record

13. Birthplace No Record  
 (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jula Jolley

(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 10/3/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director M. Spencer

(b) Address Salem, Missouri

19. (a) 10-3-46 (b) M. D. O. Spencer  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 30  
 year 1946 hour 1:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 10-4-44, 1944, to 9-30-46, 1946;  
 that I last saw her alive on 9-20-46, 1946,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Gastric Carcinoma  yrs.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: hypertension **PHYSICIAN** \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 46/8  
 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? 0

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
 23. Signature Martin Mart MD (M. D. or other) MD  
 Address Salem, Mo Date signed 10/2/46

RECEIVED

District Health Officer No. 5,

District File Number. 1046522

Date Filed 10-9-46

NOV 23 1949

REC-20  
3768 02-133

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.