

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. **84**

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Rural - Rickland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Sickston RFD #11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sickston RFD #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME DORA EDITH COOTS

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife S. F. Coots 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 17, 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Calp Ark
(City, town, or county) (State or foreign country)

10. Usual occupation at home A.M.

11. Industry or business

12. Name A.H. Galloway

13. Birthplace Mrs. Pearson Ark
(City, town, or county) (State or foreign country)

14. Maiden name Roxy Ethridge

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

16. (a) Informant S. F. Coots

(b) Address Sickston Mo

17. (a) Burial (b) Date thereof 11-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sickston Mo

18. (a) Signature of funeral director W. L. General Henry

(b) Address Sickston Mo

19. (a) 12-9-46 (b) Mrs. T. G. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1946 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 17 Aug 46 to 31 Oct 46

that I last saw h. er alive on 30 Oct 46 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Vascular Disease

Due to Renal failure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 102

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 Charles Henry (M. D. or other) 0
Address Sickston Mo Date signed 10 Oct

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

42024

RECEIVED

District Health Office No. 2,

District File Number 1246-1439

Date Filed 12-12-46

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sekeston Ms

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.