

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED JAN 24 1947

Registration District No. 18

Primary Registration District No. 3002

Registrar's No. 6

4
1
2
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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:
314 Woodlawn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community Life (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Woodlawn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Coons

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

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

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

7. Birth date of deceased March 26, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 13 hr. min.

9. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name I. T. Coons

13. Birthplace DK
(City, town, or county) (State or foreign country)

14. Maiden name Angalina Duncan

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

16. (a) Informant Mrs. Ross Cauthorn

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 1/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director C. W. Arnold

(b) Address Mexico, Mo.

19. (a) 1/9/47 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from June 13, 1946 to 1-8-47
that I last saw him alive on Jan 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Atherosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 947
Of autopsy _____

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? _____

23. Signature Frank Jolley (M. D. or other) MD
Address Mexico, Mo. Date signed 1/9/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 47-177
Date Filed JAN 23 1947

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 Everett R. Head
Licensed Embalmer No. 4038
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.