

Registration District No. 254

Primary Registration District No. 6198

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution: 1 Cass
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community Most of Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas

(c) City or town Rural Cass
(If outside city or town limits, write "RURAL")

(d) Street No. 10 MI. WEST HOUSTON, MO
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES COYLE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1947 hour 1 minute 43A.M.

21. I hereby certify that I attended the deceased from Apr 12, 1947, to Apr 17, 1947, that I last saw him alive on April 17, 1947, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sotla

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 24 1872
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 20 days

Due to Hypertension and Arterio-sclerous

Due to _____

8. AGE: Years 74 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Round Prairie Ill.
(City, town, or county) (State or foreign country)

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

Major findings: 93%

Of operations _____

Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Coyle

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

14. Maiden name Jessie Ann Smith

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

22. If death was due to external causes, fill in the following:

(c) 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? _____

16. (a) Informant Mrs. Anna Hutchison

(b) Address Ducynus, Mo

17. (a) Burial (b) Date thereof 4-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation German

18. (a) Signature of funeral director Gaylord O. Elliott

(b) Address Douglas, Mo

19. (a) Apr 30 (b) Raynell Cunningham
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Garrett Lloyd R. M.D. (M. D. or other)

Address Labool, Mo Date signed Apr 26/47

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

7

RECEIVED

District Health Officer No. 5,

District File Number 547256

Date Filed 5-1-47

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.