

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED JUL 10 1947

Registration District No. 56 Primary Registration District No. 2001 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:-  
 (a) County Jasper  
 (b) City or town Jasper  
 (c) Name of hospital or institution: St. John's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days  
 (Specify whether  
 In this community 47 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Jasper  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 215 E. 9th  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gene B. Couch  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Madame  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 11 1860  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 31 year 1947 hour 12:30 minute 0 M.  
 21. I hereby certify that I attended the deceased from May 31, 1947, to June 7, 1947,  
 that I last saw him alive on June 7, 1947,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Smoked Pneumonia Duration \_\_\_\_\_

8. AGE: Years 87 Months 5 Days 22 hr 1 min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Jasper, Jasper County, Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation at home

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

11. Industry or business \_\_\_\_\_  
 12. Name Phibian Lunsford  
 13. Birthplace Jasper, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Griffith  
 15. Birthplace Jasper, Missouri  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Paul W. Hunsaker  
 (b) Address Jasper, Mo.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1947  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Peace Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Parker-Hunsaker  
 (b) Address Joplin, Missouri  
 19. (a) 6-6-47 (Date received local registrar) (b) Colores Lamphun (Registrar's signature) 1/30

23. Signature E. E. Coats (M. D. or other) \_\_\_\_\_  
 Address Joplin, Mo. Date signed 6-4-47

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

MOTHER FATHER

47-6-540

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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.