

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21547**
Registrar's No. **16**

Registration District No. **182** Primary Registration District No. **4298**

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Linneus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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 Linn
(c) City or town Linneus
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Leonora Couch
3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15th.
year 1947 hour 10:45 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife XXXXXX 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased September 5 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1942 to June 13 1947
that I last saw him alive on June 10 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 9 Days 10 If less than one day hr. min.

Immediate cause of death Chronic myocarditis **Duration** 3 yrs

9. Birthplace Logansport Indiana
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation At home

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

11. Industry or business _____

MOTHER FATHER
12. Name Christian Schoess
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dora XXXXXXXXX
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations and
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Velma Turner
(b) Address Linneus, Missouri

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? D
(Specify type of place) _____
(e) While at work? _____ (Specify type of place) (f) Means of injury _____

17. (a) Burial (b) Date thereof 6/17/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Thorne Undertaking Co.
(b) Address Linneus, Mo. W.H. Taylor

23. Signature T.P. M... .. (M. D. or other)
Address Browning, Mo. 6/16 Date signed _____

19. (a) June 20 47 (b) Mrs. Budie Kelley
(Date received local registrar) (Registrar's signature)

DISTRICT HEALTH OFFICE
Centers, Mo.

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 Derr A. Taylor
Licensed Embalmer No. 3761
P. O. Address Linn, 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.