

FILED MAY 1 1948
Registration District No. 187

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1421 W. Webster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 5 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 W. Webster
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME JAMES COUGHRON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-14-1856

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

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

7. Birth date of deceased Jan 8 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 8 hr. min.

9. Birthplace Fayetteville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name John Coughron 9

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

14. Maiden name Barbara Hardin

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

16. (a) Informant Mrs Vesta C Coughron

(b) Address 1421 Webster St Chillicothe Mo

17. (a) Burial (b) Date thereof 4-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linneus, Mo.

18. (a) Signature of funeral director Home Funeral Home

(b) Address Acade, Missouri

19. (a) April-16-48 (b) Frances B Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 16
year 1948 hour 11:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Jan 1 1948 to April 16 1948
that I last saw him alive on April 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis 3 years
Due to unknown

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 A. Callen (M. D. or other) _____

Address Chillicothe Mo Date signed 4/16/48

DISTRICT HEALTH OFFICE
Cameron, 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.....

W. R. Wright

Registered Apprentice No. 207

working under my personal supervision.

Signed

W. R. Wright

Licensed Embalmer No. 2876

P. O. Address. *Fa. Leeds, 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.