

FILED JUN 25 1945

Registration District No. 23086

Primary Registration District No. 5372 4149

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Cuba
(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

3. (a) PRINT FULL NAME WILLIAM EDWARD COUNTS

3. (b) If veteran, name war. (c) Social Security No. 702-03-9655

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

6. (b) Name of husband or wife Ollie Johnson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 11-5-1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 17 hr. min.

9. Birthplace Cooks Station Mo 13 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad

12. Name Jesse Counts

13. Birthplace St. Genevieve Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Roberts

15. Birthplace Cooks Station Mo 13 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Counts

(b) Address Cuba Mo

17. (a) Burial (b) Date thereof 11-25-44 (Month) (Day) (Year)

(c) Place: burial or cremation Cooks Station

18. (a) Signature of funeral director Elbert Edging

(b) Address Bourbon Mo

19. (a) 11-25-44 G. G. A. Herzog (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford

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

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 1944 hour 6 minutes 30 A.M.

21. I hereby certify that I attended the deceased from June 19 1944 to November 22, 1944 that I last saw him alive on Nov. 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary emboli 1 day myocarditis 1 yr

Due to myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932

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?

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

23. Signature William Green (M. D. or other)

Address St James, Mo Date signed 11/23/44

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

MOTHER FATHER

Sec.

707-03-9655

NOV 12 1948

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. ~~3504~~

working under my personal supervision.

Signed

Albert Edging

Licensed Embalmer No.

3504

P. O. Address

Courbon 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.