

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19916

State File No. \_\_\_\_\_

Registration District No. 159

Primary Registration District No. 4249

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Cedar Grove Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community 10 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

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

(d) Street No. 3 mi. west of Hillsboro  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY COTNER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1948 hour 10 minute 50 a.m.

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

6. (b) Name of husband or wife Elmer Cotner 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec 12, 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 29, 1948, to May 30, 1948; that I last saw her alive on May 29, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 5 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death myocarditis  
coronary arterio-sclerosis

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

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

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

10. Usual occupation at home

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

Major findings: Of operations 93

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Sletton

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

14. Maiden name Elmer Vinograd

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Gary Cotner (b) Address Portage Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem. Portage Mo

18. (a) Signature of funeral director Fred M. Williams (b) Address St. Louis Mo

19. (a) 6-1-48 (Date received local registrar) (b) Harold V. Neff (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Harold V. Neff (M. D. or other) M.D.  
Address Portage, Mo Date signed 30 May 48

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

JUN 17 1948

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**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..... *Jonnel B. Dietrich*.....

Licensed Embalmer No. *4104*.....

P. O. Address..... *Depto. 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.**