

**FILED** APR 19 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3016**

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

1. PLACE OF DEATH:

(a) County **Cole**  
(b) City or town **Jefferson City, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Missouri State Penitentiary 2**  
(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 **5 months 8 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francis**  
(c) City or town **Flat River, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **unknown**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James Monroe Koonce**

3. (b) If veteran, name war **Unknown**  
3. (c) Social Security No. **Unknown**

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

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 19 1916**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**29 9 19** hr. min.

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

10. Usual occupation **Carpenter**

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

MOTHER FATHER {  
12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Prison Hosp. Records**

(b) Address **Missouri State Penitentiary**

17. (a) **Removal** (b) Date thereof **4/8/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Flat River, Mo.**

18. (a) Signature of funeral director **D. P. Thompson**

(b) Address **Jefferson City, Mo.**

19. (a) **4-8-46** (b) **R. P. Harris**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **8**  
year **1946** hour **9** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Dead when viewed**  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Strangulation**  
Due to **by hanging**  
Due to **by the neck**  
Other conditions: (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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) **suicide**  
(b) Date of occurrence **4-8-46**  
(c) Where did injury occur? **Missouri State Penitentiary**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place)  
(e) Means of injury **hanging**

23. Signature: **R. P. Harris** (M.D. or other)  
Address: **Jefferson City, Mo.** Date signed: **4-8-46**

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 4-18-46

MAY 25 1950

JAN 20 1949

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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 \_\_\_\_\_

*Sylvester Queen*

Licensed Embalmer No. \_\_\_\_\_

4321

P. O. Address \_\_\_\_\_

*Jefferson 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.**