

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15285

Registration District No. 571

Primary Registration District No. 5769

Registrar's No. 24

## 1. PLACE OF DEATH:

(a) County Moniteau  
 (b) City or town Rural # # # # Walker  
 (If outside city or town limits, write "RURAL" and name of township)  
 Name of hospital or institution: Centertown → R.F.D. #2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 1 1/2 Yr years, months or days)

3. (a) PRINT FULL NAME Maggie Jane Cofer

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

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

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

7. Birth date of deceased May 27 1873  
 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 26 If less than one day  
 hr. 1 min.

9. Birthplace Moniteau Co., Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

12. Name John W. Hunter

13. Birthplace Moniteau, Co., Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Lucy Akers

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

16. (a) Informant Mae Powell

(b) Address Centertown Mo.  
Burial

17. (a) \_\_\_\_\_ (b) Date thereof April 23 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Cent.  
Bowlin Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address California, Mo. 504

19. (a) 4-22-41 (b) H.R. Popejoy  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
 (c) City or town Rural Walker P.P. #2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Centertown, Mo. VR.F.D.#2  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22<sup>nd</sup> day Apr  
 year 1941 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 2-10-, 1941, to 4-22-, 1941;  
 that I last saw her alive on 4-21-, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic  
Atherosclerosis  
Coronary Thrombosis

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

Other conditions 94 W  
 (Include pregnancy within 3 months of death)

Major findings: None

Of operations \_\_\_\_\_  
 Of autopsy no

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 H.R. Popejoy (M. D. or other) \_\_\_\_\_  
 Address California, Mo. Date signed 4-22-41

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

*Earl H. Bowler*

Licensed Embalmer No. ....

*2126*

P. O. Address.....

*California*

**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.**