

REC'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31282

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100 Registered No. 3579
 (c) City Jackson City (d) Street No. Research Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3535-Bladstone St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara B. McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. RR MAIL CLERK
 10. Date deceased last worked at this occupation (month and year) April 33 11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ind

FATHER 13. NAME Henry C. McCoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Rachel Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Clara McCoy
3535 Bladstone

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Monah DATE Sept 12 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer's Sons
Banham + Jones

20. FILED Sept 12 38 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938 to Sept 10 1938

I last saw him alive on Sept 10 1938 Death is said to have occurred on the date stated above, at 9:13 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 4 days
8201

Other contributory causes of importance:
Arterial Hypertension Several years
Arteriosclerosis

Name of operation 0 Date of 0
 What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 1938
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify 0
 (Signed) F. A. Wilkinson M. D.
 (Address) 1103 Grand Ave.

2-5 P.M.
Nov 16 1914

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,

George M. Collier

, or by

Registered Apprentice No., working under my personal supervision.

Signed *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address

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, above space should be left blank.