. S. No. 2
M—4-12-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14515

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 277

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptst. Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DADE
(c) City or town Lockwood (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME James H. Coy
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Coy
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Feb. (Month) 21 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
70	1	11	hr. min.

9. Birthplace Unknown (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation MANAGER
11. Industry or business Lime Works
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Alice Coy
(b) Address Lockwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lockwood, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 4-2-41 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1941 hour 6 minute 15 a. M.
21. I hereby certify that I attended the deceased from 3/21/41, 19..., to 4/2, 1941; that I last saw him alive on 4/1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration 1 wk.
Due to Constrictions in the small bowel etiology
Due to (which were not known)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Some 3 ft. of bowel resected
Of autopsy

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)
(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 Guy D. Calhoun (M. D. or other) MD
Address Springfield Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 M L Conaday

Licensed Embalmer No. 3434

P. O. Address Springfield, 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.