

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

S. No. 2
9-4-41
5-17-39
PI X29484

FILED SEP 9 1943
37

Registration District No.

Primary Registration District No.

5519

Registrar's No. 171

1. PLACE OF DEATH:

(a) County DeWitt
(b) City or town White Oak
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeWitt
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. White Oak Top
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME George Washington McCoy

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife. Jennie Dell McCoy 6. (c) Age of husband or wife if alive. 63 years

7. Birth date of deceased. August 15 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 16 hr. min.

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

10. Usual occupation Merchant

11. Industry or business.

12. Name Louis McCoy

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

14. Maiden name Mary Baker

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

16. (a) Informant W. J. Brown

(b) Address 2219 Benton Kansas City, Mo

17. (a) Rural (b) Date thereof 8-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ulrich Cemetery

18. (a) Signature of funeral director W. J. Brown
(b) Address Ulrich Mo

19. (a) August 31, 1943 (b) George W. Kitchner
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 30
1943 to August 31 1943
that I last saw him alive on July 31 1943
and that death occurred on the date and by the stated above.

Immediate cause of death Cardiac thrombosis, causing
paralysis of right side
Due to Paralysis of Right Side

Other conditions. (Include pregnancy within 3 months of death)
J 30

Major findings: Of operations.
Of autopsy.

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 J. W. Gallen (M. D. or other)
Address Ulrich Mo Date signed 8-13-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

42

1069

(Licensed Embalmer's Statement on Reverse Side)

(over)

OCT 8 1943

RECEIVED

District Health Officer No. 7,

District File Number

8-43-884
9-3-43

Date Filed

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 *R. R. Kenney*

Licensed Embalmer No. 3099

P. O. Address *Clinton 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.