

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

28919
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township _____ Primary Registration District No. 3038 Registered No. 153
 (c) City Marshall (d) Street No. _____ 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 Florida Mason McCoy

(a) Residence, No. 747 Eastwood 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 Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. McCoy | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1854 | | |
| 7. AGE | YEARS 83 | MONTHS II |
| | DAYS 22 | IF LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <input checked="" type="checkbox"/> | |
| | 10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> | 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Missouri | | |
| FATHER | 13. NAME Luther Mason | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky | |
| MOTHER | 15. MAIDEN NAME Martha Price | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky | |
| 17. INFORMANT (ADDRESS) Geo. J. Duggins Marshall, Mo. | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Oct. 26, 1938 | | |
| 19. FUNERAL DIRECTOR (ADDRESS) Campbell-Lewis Funeral Home Marshall, Mo. | | |
| 20. FILED 10-25-38 Mary Kent Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-24-1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 1, 1938**, to **Oct 24, 1938**
 I last saw him alive on **Oct 24, 1938** Death is said to have occurred on the date stated above, at **4 P. m.**
 The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Carcinoma Colon | Date of onset |
| Chr. Nephritis | |

Other contributory causes of importance: **Hb**

Name of operation **None** Date of _____
 What test confirmed diagnosis? **Smear** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) **Ross Kennedy** M. D.
Marshall Mo.
 (Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12000

FEB 4 1949

RECEIVED
District Health Officer No. 8,
District File Number 1110/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Joe N. Lewis, Licensed Embalmer No. 1171

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Joe N. Lewis
Licensed Embalmer No. 1171

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.)