

1939 OCT 18 1939

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

31666
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Kew Primary Registration District No. 5 do
 (c) or City Kansas City, Mo. (d) Street No. 9 1/2 E. 5th 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 200 Walter Wallace McCoy
 (a) Residence, No. 9 1/2 East 5th, Street St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Moshier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>2</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Operator
 9. Industry or business in which work was done, as saw mill, bank, etc. Hotel
 10. Date deceased last worked at this occupation (month and year) 7-2-39 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME No Record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Robert L. Chance
3234 Perry, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE HahaTonka, Mo. DATE Sept. 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sheil Funeral Home
6606 Independence, K.C. Mo.

20. FILED 9/28 19 39 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-39 19

22. I HEREBY CERTIFY That I attended deceased from Carson, to Carson, 1939
 I saw him live on 9:00 p.m. Death is said to have occurred on the date stated above, at Carson, Mo.
 Principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Acute & Chronic myocardial infarction
Rupture of the heart
 Other contributory causes of importance: Hypertension
Hemopericardium

Name of operation 948 Date of 956
 What test confirmed diagnosis? 956 Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Yes Date of injury 9-23-39
 Where did injury occur? Carson, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 4
 Nature of injury 4

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Robert L. Chance, M. D.
 (Signed) Robert L. Chance (Address) K.C. Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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.....

Licensed Embalmer No.....

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.