

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
 (Specify whether _____)
 In this community 32 years
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
 (c) City or town Sikeston Mo
 (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.

3. (a) PRINT FULL NAME Daniel McCoy Jr.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jane McCoy 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Feb. 7 1908
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>1</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Grain Business

11. Industry or business _____

12. Name Dan McCoy Sr.

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

14. Maiden name Lary Elizabeth Ballard

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

16. (a) Informant's own signature Leon Muehl

(b) Address Sikeston Mo.

17. (a) Burial (b) Date thereof March 18
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John C. ...

(b) Address Sikeston

19. (a) 3-16-40 (b) J. M. Thompson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
 year 1940 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 3-3
 1940 to 3-16, 1940

that I last saw him alive on 3-16, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Septic infection Duration _____

from wounds - Shell 3/3/40

3-16-40

Due to Fall in aircraft

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 2 1/4

Major findings: _____

Of operations _____

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) Accident

(b) Date of occurrence 3-3-1940

(c) Where did injury occur? Sikeston Death Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Sikeston - Mo. airport

(Specify type of place) _____

While at work? _____ (e) Means of injury Fall in

airplane

23. Signature Thomas E. M. Clark (Name, or other) _____

Address Sikeston, Mo. Date signed 3-16-40

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.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

John Alenton

Licensed Embalmer No.

2941

P. O. Address

Sebaston

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.