

**NOV 19 1940**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4039**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**813 East 31**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **50 years** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Julia E. McCoy**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **70.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **John W. McCoy** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 7, 1854**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **2** Days **14** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Auburn Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Unknown**

12. Name **Unknown Wimmer**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Herbert J. McCoy**  
(b) Address **813 East 31**

17. (a) **Burial** (b) Date thereof **Oct. 23, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Eylar Funeral Home**  
(b) Address **1800 Linwood**

19. (a) **1081, 1940** (b) **M. M. Brown**  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits write "RURAL")  
(d) Street No. **813 East 31**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **21** day **October**  
year **1940** hour **9** minute **300** M.

21. I hereby certify that I attended the deceased from **Oct 18**  
\_\_\_\_\_, 19**40** to **Oct 21**, 19**40**

that I last saw her alive on **Oct 20**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Labor pneumonia** Duration **4 days**

Due to **Terminal infection**  
**interstitial nephritis (Chr)** **3 yrs**

Due to \_\_\_\_\_  
Other conditions **108**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **none**

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 **Allie L. Hart** (M. D. or other) \_\_\_\_\_

Address **1100 P. W. Aldy** Date signed **10-21-40**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

421 W. 59th St.  
BR, operation only. see serial

**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 Chad Weeks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

**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.