

No. 2
11-10-39
5-17-39
1 X21492

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2886

Registration District No. 400

Primary Registration District No. 555218

State File No. _____

Registrar's No. 13

18
00

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson County Home for the Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 yrs.
(Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME Minnie McCoy

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 16 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant W. H. McEnty
(b) Address Little Belu, Mo

17. (a) Burial (b) Date thereof 1 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Wailart Funeral Home
(b) Address 2332 Monitor Place; S. O. Mo

19. (a) 1-16-41 (b) Jessie S. Brown
(Date received local registrar) (Registrar's name and title)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Kennas city
(If outside city or town limits, write "RURAL")
(d) Street No. 1006 E. 8th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from July 20 1940 to Jan 13 1941
that I last saw her alive on Jan 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
107
W. J. State

Due to _____
Due to _____

Other conditions (include pregnancy within 8 months of death)

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?

9:30
While at work? (Specify type of place) (e) Means of injury _____

23. Signature Jessie S. Brown (M. D. or other) D
Address 419 W. Walnut St Date signed 1-15-41

Duration 7 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Blaine E. Weiland

Licensed Embalmer No.

4075

P. O. Address

2332 Monte Fla

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.