No. 2
-13-40
-17-39
I X23159

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

FILED FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3649

Registration District No. 625 Primary Registration District No. 5827 Registrar's No. 3

74 0 0

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town ~~Maryville~~ (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/4 mi. East of Maryville on #4.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community (years, months or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway
(c) City or town Maryville Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. 1/4 mi. E of Maryville on Hway #4.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME BESSIE VALERA McCOY

3. (b) If veteran, name war ——

3. (c) Social Security No. None.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frank L. McCoy

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 4 (Day) 1885 (Year)

8. AGE: Years 55 Months 0 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Atlanta (City, town, or county) Georgia 1 (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business John Francis Johnson

MOTHER FATHER
12. Name ~~Joseph Baker~~
13. Birthplace not known. 9 (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Ray.
15. Birthplace not known. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Frank L. McCoy.
(b) Address Maryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sharpe Grove.

18. (a) Signature of funeral director John W. Price.
(b) Address Maryville Mo.

19. (a) 1-8 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1940 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from 1-3 1940, to 1-5 1940; that I last saw her alive on 1-3 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
94 N	
Due to	
Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)	

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)
(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? 5 5 10
While at work? (Specify type of place) (e) Means of injury

23. Signature Frank E. Egley (M. D. ~~or other~~) D
Address Maryville, Mo. Date signed 1/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.