No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5729

Registration District No. 499 — MAR 14 1941

Primary Registration District No. 1002

Registrar's No. 501

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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: 4512 Benton Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- ---- (Specify whether In this community 8 Years years, months or days)

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. 4512 Benton Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 ------- years.

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3. (a) PRINT FULL NAME Mrs. Margaret Forsythe McCoy

3. (b) If veteran, name war ------

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Thomas Forsythe

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

7. Birth date of deceased June (Month) 20 (Day) 1881 (Year)

8. AGE: Years 59 Months 7 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace Edgar County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name William Allen Funkhouser
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Esther Shirley
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant W. J. McLaughlin
(b) Address 4512 Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomb & Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-3-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1941 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 10, 1940, to January 31, 1941; that I last saw her alive on January 31, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Coronary Thrombosis	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Harold A. Pallett (M. D. or other) M.D.
Address 1132 Professional Bldg. Date signed 2/1/41

(Licensed Embalmer's Statement on Reverse Side)

1132 Professional Bldg
12.4.30

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 C Hervey Quisenbe

Licensed Embalmer No. 4070

P. O. Address K. C. Mo

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

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