

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19009
Registrar's No. 1035

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
A. Ozark Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 months
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

Alex McCoy

3. (b) If veteran,

name war none

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

Unknown

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

years

7. Birth date of deceased

? 2 1852
(Month) (Day) (Year)

8. AGE:

Years 67 Months 10 Days 12
If less than one day
hr. min.

9. Birthplace

Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation

Invalid

11. Industry or business

MOTHER FATHER

12. Name Adam McCoy

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

14. Maiden name Elizabeth Kerr

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

16. (a) Informant Mr. Osbourn

(b) Address Kell Ill.

17. (a) Removal (b) Date thereof 5/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kell, Illinois

18. (a) Signature of funeral director R. P. Osborn

(b) Address Kell Ill.

19. (a) MAY 14 1941 (b) R. P. Osborn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester, Road
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14,
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 12th
1940 to May 14 1941
that I last saw her alive on May 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chromt Myocarditis

Due to 93 d

Other conditions Arteriosclerosis
(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?

While at work? (Specify type of place) (e) Means of injury
23. Signature R. W. Jansen (M. D. or other) MD
Address Manchester Mo Date signed 5/14/41

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

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

Theo. Schrader

Licensed Embalmer No.

3066

P. O. Address

Bellewin, Mo.

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, fact should be so stated above.