

No. 2
4-13-40
5-17-39
I-223159

Registration District No. 399

Primary Registration District No. 1002

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 St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether years, months or days) 18 Months 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 0
(d) Street No. 406 East 43rd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- 0 years.

3. (a) PRINT FULL NAME Mrs. Cleo P. 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 Married
6. (b) Name of husband or wife Mr. James C. McCoy, Sr. 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November 12 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business At Home

12. Name John H. Peiffer
13. Birthplace Hardin County Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Alice Dickson
15. Birthplace Marseilles Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant James C. McCoy
(b) Address 406 East 43rd Street

17. (a) Removal (b) Date thereof Dec. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kenton Ohio

18. (a) Signature of funeral director D. H. Newcomer, D.O.A.

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec 29 1941 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month December day 27
year 1941 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 14 1941
Nov 14, 1941, to Dec 27, 1941;
that I last saw her alive on Dec 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Liver Failure

Due to Acute toxic nodular Cirrhosis of the liver.

Due to Etiology unknown | 24 P. 1

Other conditions None of any consequence
(Include pregnancy within 3 months of death)

Major findings: Minor terminal hypotitic pneumonia
Of operations None

Of autopsy Confirmation of above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature J. Harvey Jennett (M. D. or other) M.D.
Address 1318 Bryant Bldg. KC Mo. Date signed 12/27/41

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.....

Licensed Embalmer No. 4043

P. O. Address A.C. 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.