

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2550

FILED FEB 13 1942
408

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 325 N. Mc Gregor /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47
(c) City or town Carthage (If outside city or town limits, write "RURAL") J
(d) Street No. 325 N. Mc. Gregor (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Thaney Mc Coy

3. (b) If veteran, name war None

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Erastus Homer Mc Coy

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May 12 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	19	-- hr. --- min.

9. Birthplace Hickory County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Jasper Mathews

13. Birthplace X / Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Betsy Ann Cates

15. Birthplace X / Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur Mc Coy

(b) Address Carthage Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery Ed. C. Ulmer

18. (a) Signature of funeral director 1208 S. Garrison, Carthage

(b) Address (c) Date received local registrar Jan. 22, 1942 (d) E. J. Mc Intire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19 year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 1-10-42 to 1-19 1942

that I last saw him alive on 1-19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 9 da

Due to
Due to

Other conditions Senility, chronic nephritis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) (c) Means of injury

23. Signature W. Russell Smith M.D. Address Carthage Mo Date signed 1-21-42

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

1167

427-25

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 Penneby
Licensed Embalmer No. 4194
P. O. Address Carthage 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.