

No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5470

FILED MAR 9 1942
Registration District No. 299

Primary Registration District No. 1002

State File No. _____
Registrar's No. 515

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution: _____
1225 Benton, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 40 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. 1225 Benton,
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Clara Bell McCoy,

MEDICAL CERTIFICATION

3. (b) If veteran, name war X 3. (c) Social Security No. X

20. DATE OF DEATH: Month February day 4th,
year 1942 hour 2:00 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James R. McCoy, 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased November 13, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 20, 1937 to 7/4, 1942
that I last saw her alive on 7/3/42
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 2 20 hr. min.

Immediate cause of death Coronary thrombosis Duration 4 mos.

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

Due to Arterio-sclerosis 5 yrs.

10. Usual occupation at home,

Due to Hypertension 5 yrs.

11. Industry or business X

Other conditions 9 of 10
(Include pregnancy within 3 months of death)

12. Name William M. Burns,

Major findings: Of operations _____

13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

Of autopsy _____
Underline the cause to which death should be charged statistically.

14. Maiden name Alma B. Babby,
(City, town, or county) (State or foreign country)

15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Leon Reynolds,
(b) Address 1225 Benton, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 2-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

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 Clara Bell McCoy (M. D. or other) _____
Address Chassault, Mo. Date signed 7/4/42

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

Dr. Hashinger.

Prof. B. B. M.

D. B. M.

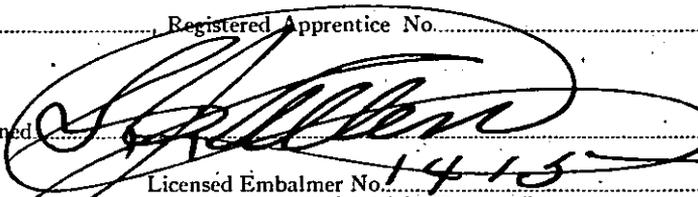
STATEMENT BY LICENSED EMBALMER

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. *1415*

P. O. Address.....

M. P. M. Co.

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.