

FILED MAR 25 1942
Registration District No. 2A

Primary Registration District No. 4663

Registrar's No. _____

I. PLACE OF DEATH:

(a) County Scott
(b) City or town SIKESTON Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 2 Mos. 22 Days

3. (a) PRINT FULL NAME LELAND G. McCoy

8. (b) If veteran, name war. None 8. (c) Social Security No. None

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 11 7 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace SIKESTON, MO. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name MARDE McCoy
13. Birthplace Potomac, Miss
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name LILLIAN GAINES
15. Birthplace PAPAR BLUFF, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian McCoy
(b) Address SIKESTON, MO

17. (a) BURIAL (b) Date thereof 1-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SIKESTON, MO

18. (a) Signature of funeral director H. H. Welsh

(b) Address SIKESTON, MO

19. (a) 2-11-42 (b) NB Thumator
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Scott
(c) City or town SIKESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 517 E. CENTER ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 29
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 29, 1942 to Jan 29, 1942
that I last saw him alive on Jan 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis
toxaemia

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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 E. J. Winkler (M. D. or other)
Address SIKESTON MO Date signed 2-4-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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5
2

RECEIVED

District Health Office No. 2,

District File Number 342+374

Date Filed 3/12/42

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.....

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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, above space should be left blank.