

Filed JUL 8 1942

Registration District No. 461 Primary Registration District No. 3024

54  
3  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Andrew Street 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community one day  
years, months or days)

3. (a) PRINT FULL NAME Charles Roy McCoy

3. (b) If veteran, name war no

3. (c) Social Security No. 486-09-7757

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Virginia M. Dutys

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Feb. 13, 1896  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>4</u>	<u>12</u>	hr. min.

9. Birthplace Danville Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Balluff's G. & C. Mfg.

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs. Chas. R. McCoy

(b) Address 615 Indiana Kansas City, Mo.

17. (a) Removal (b) Date thereof June 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Winkler

(b) Address Lanning on one

19. (a) June 29 42 (b) Mrs. Gred Schwalb  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 615 Indiana Ave 8  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1942 hour 7:15 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Called in effort to certify as coroner  
that I had seen the body alive and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes Coronary @ C. Arteries

Due to collapsed & died with 5-10 minutes.

Due to \_\_\_\_\_

Other conditions gk a  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations \_\_\_\_\_

Of autopsy no autopsy

Duration Small

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? \_\_\_\_\_

White at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature W. M. Martin Coroner  
(M. D. or other)

Address 0 State Mo Date signed 6/25/42

1108

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-7-42

ADG 25 10/23

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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

*H. Blackmer*

Licensed Embalmer No.

*2244*

P. O. Address

*Kansas City 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.