

FILED SEP 24 1942

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3398

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days  
(Specify whether  
In this community 2 1/2 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. 4309 Morton  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John Douglas McCoy

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Eva McCoy 6. (c) Age of husband or wife if alive 7.6 years

7. Birth date of deceased July 28 1856  
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired concrete man

11. Industry or business

12. Name John McCoy

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

14. Maiden name Mary Brian

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

16. (a) Informant Harvey L. McCoy

(b) Address 2823 Chelsea

17. (a) Burial (b) Date thereof Sept 15 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. E. J. Ertter

(b) Address 919 Brooklyn

19. (a) 9-15-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th  
year 1942 hour 3 minute 47 P. M.

21. I hereby certify that I attended the deceased from 8-29-42 19... to 9-13-42 19...  
that I last saw him alive on 9-13-42 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death ENCEPHALOMALACIA

Due to 83c  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy See above

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 Dwight K. Thon (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

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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 *Dwight C. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address *N. C. Md*.....

**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.**