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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

Registration District No. 277

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31094

Primary Registration District No. 5950

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Rural Hartford Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME William A McCoy

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W.

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Nana B (Rinkle)-McCoy

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

7. Birth date of deceased Sept (Month) 22 (Day) 1870 (Year)

8. AGE: Years 71 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Montgomery (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Lucios H McCoy
13. Birthplace (City, town, or county) OHIO 1 (State or foreign country)

MOTHER
14. Maiden name ELIZA BAILEY
15. Birthplace (City, town, or county) Not known 0 (State or foreign country)

16. (a) Informant Blaine McCoy Middletown
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation West Prairie

18. (a) Signature of funeral director F W Kuhne
(b) Address Middletown Mo.

19. (a) Sept 15 1942 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from July 1st 1941 to Aug 10th 1942 that I last saw him alive on Aug 10th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131a

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature A. Hirsch (M. D. ~~or other~~ M.D.)

Address Middletown Mo. Date signed 8/11/42

1148

(Licensed Embalmer's Statement on Reverse Side)

NOV 12 1940

RECEIVED
District Health Officer No. 10
District File Number 10-42-1806
Date Filed OCT 2 - 1942

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 C C Kuhne

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.