

FILED DEC 12 1942

Registration District No. 374

Primary Registration District No. 45-466272

Registrar's No.

1. PLACE OF DEATH:

(a) County: Worth
(b) City or town: Denver, Mo. (Allen)
(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: 20 yrs
In this community: 20 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Clark H. McCoy

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: 1

6. (b) Name of husband or wife: Julia McCoy

6. (c) Age of husband or wife if alive: 18 years (Day) (Year)

7. Birth date of deceased: Aug 18 1876
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

66

—

17

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Bank

11. Industry or business

12. Name

John P. McCoy

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Edith Hays

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Julia P. McCoy

(b) Address

Denver 116

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

Aug 7 1942
(Month) (Day) (Year)

(c) Place: burial or cremation

Waller Cemetery

18. (a) Signature of funeral director

Bram Bros

(b) Address

Denver 116

19. (a)

(Date received local registrar)

Nov 24 1942

(b) Arline Scadden
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Worth 113
(c) City or town: Denver, Mo. (Allen) 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 5th day 1942
year 4:45 hour — minute P. M.

21. I hereby certify that I attended the deceased from Mar 1942 to Sept 1942
that I last saw him alive on Sept 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:

Cardiac Deorganization
Chronic Infectious Hepatitis

Duration

Mar. 42

Due to:

Due to:

Other conditions

Ac. Dehydration & Varicella

(Include pregnancy within 3 months of death)

Major findings:

Of operations: 12/0

Of autopsy:

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?

While at work? ✓

(Specify type of place)

(e) Means of injury

23. Signature

John H. McCoy (M. D. or other)

Address

Denver, Mo. Date signed 10/15/42

1104.

(Licensed Embalmer's Statement on Reverse Side)

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

2 No 38
11-11-41
-8-31-41
-1-1-41

JAN 1941

1941

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.....

J. M. Brown

Licensed Embalmer No.....

2947

P. O. Address.....

Denver, 11/10

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 38396Registration District No. 374Primary Registration District No. 6272

Registrar's No. _____

PLACE OF DEATH:

- (a) County Wath
- (b) City or town Rural
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Clark H McCoy
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced (married)
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased aug 15 1942
(Month) (Day) (Year)

8. AGE: Years 66 Months - Days - If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

- (b) Address _____

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

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
- (c) City or town _____
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I or saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
(Immediate cause of death) _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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)

- (b) 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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

