

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 13 1945

Registration District No. 65Primary Registration District No. 4112

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Chariton
 (b) City or town Brunswick
 (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 NAMEISABELLE - Coy

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

Female

5. Color or

race White

6. (a) Single; widowed; married;

divorced; Widow

6. (b) Name of husband or wife

W. J. Coy

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Aug
(Month)

8

1856
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

86419

hr. _____ min.

9. Birthplace

Way Territory
(City, town, or county)Mo
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Samuel Dewitt

13. Birthplace

Rock Point
(City, town, or county)Virginia
(State or foreign country)

14. Maiden name

Wendell Richardson

15. Birthplace

Rock Point
(City, town, or county)Virginia
(State or foreign country)

16. (a) Informant's own signature

Isabelle Coy

(b) Address

Elton Mo.17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof

Dec 28 1942
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

Wendell Richardson

(b) Address

Rock Point, Mo.

19. (a)

Dec 28 1942
(Date received local registrar)Wendell Richardson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton(c) City or town Brunswick
(If outside city or town limits, write "RURAL")(d) Street No. South End of Brunswick
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27year 1942 hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from

12/23/42, 19____ to 12/26/42, 19____;that I last saw her alive on 12/26/42, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death

Capillary Pneumonia

Duration

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 sta-
tistically

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)

Means of injury _____

23. Signature Wendell Richardson (M. D. or other)Address Brunswick, MoDate signed 12/28/42

RECEIVED

Public Health Officer No. 8,

Health File Number _____

Filed 1-13-43

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.