

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6932

State File No.

FILED MAR 10 1943  
Registration District No. 34

Primary Registration District No. 4-08-93214

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Carter  
(b) City or town Grandin rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Johnson Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 18 yrs 2 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter  
(c) City or town Grandin Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

John Wallis McCoy

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2  
year 1943 hour 9 minute 5 P. M.

21. I hereby certify that I attended the deceased from on  
1 - 27 - 1943, to 1943;  
that I last saw him alive on 1 - 27 - 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic poisoning

Due to: Enlarged prostate and arterial sclerosis

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.

8. AGE: Years 79 Months 11 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace De Palt Ills (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith mechanic

11. Industry or business 45 yrs

12. Name John W. McCoy

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

14. Maiden name Don't know

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

16. (a) Informant X Pearl A. McCoy

(b) Address Grandin Mo

17. (a) X Grandin (b) Date thereof Feb 4 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation X Grandin Mo

18. (a) Signature of funeral director W. M. Munnery  
(b) Address Grandin Mo

19. (a) Feb 4 1943 (b) ms H. G. Smith  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_

23. Signature Edw. Odamsen (M. D. or other)

Address Marion, Mo Date signed 2-4-43

RECEIVED

District Health Officer No. 5,

District File Number 343165

Date Filed 3-9-45

**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, fact should be so stated above.**