

ED MAY 5 1948  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(c) Name of hospital or institution Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hours  
In this community 5 years (Specify whether 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. 5314 Olive Street,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Edgar M. 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 Widowed

6. (b) Name of husband or wife Agnes V. McCoy 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased November 16 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 5 1 hr. min.

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

10. Usual occupation Retired,

11. Industry or business X

12. Name William McCoy,

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

14. Maiden name Amanda Williams,

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

16. (a) Informant Mrs. Carl Hostetter,

(b) Address 5314 Olive, Kansas City, Mo.

17. (a) Removal (b) Date thereof 4-18-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockville, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-17-43 (b) M. M. Gosnell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th  
year 1943 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from April 16 1943 to April 17 1943  
that I last saw him alive on April 16 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Hemorrhage Duration 1 day

Due to hypertension - years years

Due to 83a

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)

(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 Kenneth Adams (M. D. or other)

Address 820 prof Bldg Date signed 4/17/43

JUN 11 1943

Dr. R. C. Davis

---

---

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.**