DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

Registration District No. 152

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2951

State File No.

Primary Registration District No. 3021

Registrar's No. 208

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 5 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: 1824 Market St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Abbie Pauline 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: Married
6. (b) Name of husband or wife: Dale Coy
6. (c) Age of husband or wife if alive: 23 years
7. Birth date of deceased: Sept (Month) 1 (Day) 1918 (Year)

8. AGE: Years 25 | Months 4 | Days 17 | If less than one day — hr. — min.

9. Birthplace: Grundy County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: None
MOTHER FATHER
12. Name: Walter R. Wheeler
13. Birthplace: Geet, (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Daisy Ann Golden
15. Birthplace: Sullivan County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs Thornton Coy
(b) Address: Trenton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 21 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Grove
18. (a) Signature of funeral director: Raymond A Wiemann
(b) Address: Trenton, Mo.
19. (a) 1-25-44 (Date received local registrar) (b) L D Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th year 1944 hour 3:30 minute A M.
21. I hereby certify that I attended the deceased from Jan 17-44 11PM, 19..., to Jan 18-44-3:30 PM, 19..., that I last saw her alive on Jan 18 - 44, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Head injury Base Fracture of Skull. accidental -	5 hrs.
Due to: Jumped from moving auto on Highway 65 about 1 mile ~~Due to~~ north of Trenton Mo.	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

1027 8 1 1 D

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): accident 048
(b) Date of occurrence: Jan 17-44
(c) Where did injury occur? Trenton (City or town) Grundy (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway No 65 - North of Trenton (Specify type of place)
While at work? No (e) Means of injury: jumped from auto
23. Signature: E. A. Duffy (M.D. or other)
Address: Trenton Mo. Date signed: Jan 22-44

(Licensed Embalmer's Statement on Reverse Side)

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

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.