

S. No. 2-  
DM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6608

FILED FEB 24 1944

Primary Registration District No. 5734

Registrar's No. 143

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town RURAL WASHINGTON Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
HOME / Route H 6  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years  
Lifetime (Specify whether years, months or days)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN

(c) City or town RURAL, St Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D # 6  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH ELIZABETH McCoy

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
year 1944 hour 9 minute 40 P. M.

4. Sex FEMALE / 5. Color or race WHITE

6. (a) Single, widowed, married, divorced, WIDOW

6. (b) Name of husband or wife Compton 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased October 19, 1864  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 12, 1944 to 2-4, 1944  
that I last saw her alive on February 3, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Embolism Duration 2 hours

9. Birthplace Buchanan County, Missouri  
(City, town, or county) (State or foreign country)

Due to Chronic Endocarditis ?

10. Usual occupation Housekeeper

Due to Influenza (Omit 1-12-44)

11. Industry or business Home

Other conditions (Include pregnancy within 3 months of death)

12. Name John Barnes

Major findings: none Of operations 92 d

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

Of autopsy none

14. Maiden name Rebecca Keith  
(City, town, or county) (State or foreign country)

15. Birthplace Buchanan County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant William McCoy (Son)

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof 2/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John E. Crupp

(b) Address 6054 Pryor Ave., City

19. (a) 2-5-44 (b) Olse Hergoy  
(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) (e) Means of injury 200

23. Signature E. J. Gross (M. D. or other) \_\_\_\_\_

Address 5008 King Hill Date signed 2-4-44

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

*John E. Repp*

Licensed Embalmer No.

*3986*

P. O. Address

*St Joseph, 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.**