

No. 2
1-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11250

State File No. _____

FILED APR 12 1944

Registration District No. 237

Primary Registration District No. 3028

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
903 E. Budlong St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ERASTUS HOMER McCOY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thaney Ann McCoy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 14, 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Louis McCoy
13. Birthplace X Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gromel
15. Birthplace X Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Albert McCoy
(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof 3-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) March 16 '44 (b) Elizabeth Coupland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th,
year 1944 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from March 7, 1944 to March 15, 1944
that I last saw him alive on March 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Demility
Duration _____

Due to _____

Due to _____
Other conditions Systemic bacteremia
(Include pregnancy within 3 months) Antibiotic

Major findings: _____
Of operations _____
Of autopsy 1628
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)
(c) Means of injury _____

23. Signature R. A. Webster (M. D. or other)
Address Carthage, Mo. Date signed March 16, 44

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

448-284

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..... *Edw. J. ...*
Licensed Embalmer No..... *2222*
P. O. Address..... *Carthage*

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.