

S. No. 2
M-543
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11820

State File No. _____

FILED APR 12 1944

Registration District No. 297

Primary Registration District No. 5994

Registrar's No. 34

1. PLACE OF DEATH:

(a) County PATNAM

(b) City or town Unionville, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
UNIONVILLE, MO. R
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PATNAM

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

(d) Street No. Unionville, Mo.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES LOUISA MCCOY

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 44 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb.
1944 to March 27, 1944
that I last saw her alive on 3-25- 1944
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W.

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

6. (b) Name of husband or wife John McCoy

6. (c) Age of husband or wife if alive _____ years
Birth date of deceased MAY 30-1852
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis & myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

91 9 27 hr. min.

9. Birthplace PATNAM Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOME WORK

11. Industry or business _____

MOTHER FATHER

12. Name JOHN HENRY

13. Birthplace TENN. 1
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH STURLEY

15. Birthplace TENN. 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Kelly

(b) Address Unionville, Mo.

17. (a) Burial (b) Date thereof 3-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation THOMPSON CEM.

18. (a) Signature of funeral director [Signature]

(b) Address Unionville, Mo.

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Date received registrar's signature)

Major findings: 131 P

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 [Signature] (M. D. certificate) _____

Address Coatsville Mo. Date signed 4/2-44

1097

(Licensed Embalmer's Statement on Reverse Side)

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

7600

RECEIVED

District Health Officer No. 10

District File Number 7-44-741

Date Filed APR 6 1944

APR 18 1944

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. 3204

P. O. Address Unionville 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.