

U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21829
Registrar's No. 102

FILED JUN 22 1944
Registration District No. 900

Primary Registration District No. 3030

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3
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas McCoy
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Feb, day 21st, year 1944, hour 11, minute 20 A.M.
21. I hereby certify that I attended the deceased from See 3 1943 to Feb 21 1944
that I last saw him alive on Feb 18 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Negro 6. (a) Single, married, divorced, Married
(b) Name of husband or wife Wallie McCoy 6. (c) Age of husband or wife if five years
7. Birth date of deceased June 4 1876
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 67 Months 8 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Drew county Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation yard man
11. Industry or business P. P. G. Co.
12. Name Charles McCoy
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
16. (a) Informant Chester McCoy
(b) Address Festus Mo.
17. (a) Burial (burial, cremation, or removal) (b) Date thereof 2-24-44
(Month) (Day) (Year)
(c) Place: burial or cremation Nerulanum, Mo
18. (a) Signature of funeral director Frank Funeral Home
(b) Address Festus Mo
19. (a) 2-22-1944 (Date received local registrar) (b) Mrs Lilly Williams (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 _____
23. Signature Bertalan Balgar, M.D. (M. D. or other) _____
Address Festus, Mo Date signed 2-23-44

13-37 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-21-44

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.....

Eleana Province

Licensed Embalmer No. 3403

P. O. Address Jestus 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.