V. S. No. 2
100M—8-13
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1944

Registration District No. 260

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3076

State File No. 22734

Registrar's No. 82

1. PLACE OF DEATH:

(a) County: Vernon
(b) City or town: Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days)
In this community: Twenty two years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon
(c) City or town: Nevada Mo 108 (If outside city or town limits, write "RURAL")
(d) Street No. 604 E Hickory (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Thomas Jesse McCoy
3. (b) If veteran, war: World War #1
3. (c) Social Security No.: 702-18-5316
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dicie McCoy
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Jan (Month) 21 (Day) 1895 (Year)

8. AGE: Years 49 Months 4 Days 26 If less than one day hr. min.

9. Birthplace: Panama (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Railroad Fireman
11. Industry or business: Fireman Engine
MOTHER FATHER
12. Name: Thomas McCoy
13. Birthplace: Rich Hill Mo 0 (City, town, or county) (State or foreign country)
14. Maiden name: Gertie Green
15. Birthplace: Not Known Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Dicie McCoy
(b) Address: 704 E. Hickory
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Newton Cemetery
18. (a) Signature of funeral director: Funeral Home
(b) Address: Nevada Mo
19. (a) 6-22-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16 year 1944 hour 4 minute 0 M.
21. I hereby certify that I attended the deceased from 6-16, 1944 to 6-16, 1944 that I last saw him alive on 6-16, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration: Sudden
Due to: Dont Know.
Due to:
Other conditions: none (Include pregnancy within 3 months of death)
Major findings: Of operations: none
Of autopsy: none

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? (Specify type of place): ✓
While at work? (e) Means of injury: 0

23. Signature: W S Love M.D. (M.D. or other)
Address: Nevada, Mo Date signed 6/22/44

1331

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1945

MAR - 8 1945

MAR - 2 1945

RECEIVED
District Health Officer No. 7
District File Number 6-44-229
Date Filed 7-8-44

JUL 10 1945

MAR - 8 1945

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 me, Registered Apprentice No. ~~1760~~, working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address ~~17~~ Nevada 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.