

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27958

State File No.

FILED SEP 14 1944
Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 211

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Emery and Myrtle 3
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1227 Harrison
(If rural, give location)

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

3. (a) PRINT FULL NAME ROBERT E. MCCOY

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1944 hour 5:15 pm minute..... M.

21. I hereby certify that I attended the deceased from 19..... to 19.....;

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 18 years 1933

7. Birth date of deceased December (Month) 18 (Day) 1933 (Year)

that I last saw him alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull

Due to Anteriorly fractured

8. AGE: Years 10 Months 7 Days 23 If less than one day hr. min.

Due to.....

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

Major findings: Of operations.....

Of autopsy See above

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

PHYSICIAN

Underline the cause to which death should be charged statistically.

1700-8
21

11. Industry or business.....

12. Name William L. McCoy

13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Billie Marshall

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Ellwood

(b) Address 1227 Harrison, K. C. Mo.

17. (a) Burial (b) Date, thereof 8-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery
George C. Carson

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

(b) Address Independence, Mo.

19. (a) 8-15-44 (b) James H. Ross
(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) Accident 120

(b) Date of occurrence 8-11-44

(c) Where did injury occur? Major
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Amherst
(Specify type of place) (e) Means of injury back and

While at work? No

23. Signature Robert E. McCoy 3 James H. Ross
(M.D. or other) (Lic. signed)

Address Kewanee 81249

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. 2249
working under my personal supervision.

Signed George C. Pearson

Licensed Embalmer No. 2249

P. O. Address Independence, 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.