

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1278**  
Registrar's No. **432**

FILED FEB 6 1945 **149**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

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

(c) Name of hospital or institution:  
**5700 GRAND AVENUE**  
(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) **45 YEARS**

3. (a) PRINT FULL NAME **MRS. FRANCES MAE DURALL M<sup>C</sup>COY**

3. (b) If veteran, name war **N6**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE**

5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MR. GILBERT J. M<sup>C</sup>COY**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **April 13, 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>9</b>	<b>11</b>	hr. _____ min. _____

9. Birthplace **Anderson County, Kans**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **Sister DURALL**

13. Birthplace **unknown Ill**  
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Lindsey**

15. Birthplace **unknown Ill**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Gilbert M<sup>C</sup> Coy**

(b) Address **5700 Grand**

17. (a) **Burial** (b) Date thereof **Jan 27 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **D. H. Newcomer, Son**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **1-27-45** (b) **D. E. Brown**  
(Date received local registrar) (Registrar's signature)

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. **5700 GRAND AVENUE**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **24<sup>TH</sup>**  
year **1945** hour **6** minute **10 A. M.**

21. I hereby certify that I attended the deceased from **Aug 1943**  
\_\_\_\_\_ 19\_\_\_\_ to **1/24/45** 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on **1/6/45** 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Essential hypertension?**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

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)

23. Signature **J. H. Nicklas** (M. D. or \_\_\_\_\_)  
Address **1103 9<sup>th</sup> St** Date signed **1/26/45**

6/19 Professional Body  
1:30.5

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**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 Elseas Kerney

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**