. S. No. 2
00M—2-43
ev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1279

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 302

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days 0 (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 802 E. 12 St. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME G. Glenn McCoy

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Margaret Mc Coy

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

7. Birth date of deceased December (Month) 22 (Day) 1875 (Year)

8. AGE: Years 69 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Merchant Grocier

11. Industry or business Own Business

FATHER
12. Name Willima Henry Clay Mc Coy
13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park K.C.K.

18. (a) Signature of funeral director Jos. A. Butler's Sons
(b) Address 22 South 18th. St. K.C.K.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1945 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from January 11, 1945 to January 17, 1945;
that I last saw him alive on January 17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of adrenal gland with metastases to liver

Due to

Due to

55a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

Duration

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

23. Signature A. E. Upsher (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 1-18-45

(Licensed Embalmer's Statement on Reverse Side)

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.....Ross Bell.....

Licensed Embalmer No. Mo. 3426

P. O. Address Kansas City, Kansas

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.