S. No. 2
OM—12-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1945

Registration District No. 376

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3059

3250

State File No.

Registrar's No. 268

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours
(Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Lulu McCoy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marcus McCoy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 24 (Day) 1879 (Year)

8. AGE: Years 65 Months 11 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Missouri
10. Usual occupation Housewife
11. Industry or business None
MOTHER FATHER
12. Name Benjamin Bart
13. Birthplace (City, town, or county) (State or foreign country) Ohio
14. Maiden name Martha Garrett
15. Birthplace (City, town, or county) (State or foreign country) Missouri
16. (a) Informant Mrs. Bert McCoy
(b) Address Festus, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) 12 (Day) 30 (Year) 44
(c) Place: burial or cremation Parkview
18. (a) Signature of funeral director J. S. Boyer & Son
(b) Address Leadwood, Mo.
19. (a) 1-8-45 (Date received local registrar) (b) Darrell Polunsky (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th year 1944 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Roy Coroners Inquest, 19 Dec 27, 1944 that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Shock & Internal Injuries: Coroners Jury Verdict The deceased came to her death by injuries received in an unavailable automobile

Due to Accident

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident
(b) Date of occurrence Dec 25, 1944
(c) Where did injury occur? (City or town) Jefferson (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 61 N of Bonne Terre (Specify type of place)
While at work? No (e) Means of injury Automobile
23. Signature Clarence Claywell Coroner (M. D. or other)
Address Bonne Terre Mo Date signed 12/28/44

1570

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 145-129
Date Filed 1-16-45

JAN 16 1945

JAN 26 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 Melvin Miller, Registered Apprentice No. 367, working under my personal supervision.

Signed Bert L. Boger

Licensed Embalmer No. 3245

P. O. Address Leadwood 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.