S. No. 2
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v. 5-17-39
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3251

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 19 1945

Registration District No.

Primary Registration District No. 3059

Registrar's No. 269

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

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 14 Hours (Specify whether
In this community years, months or days)

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 Marcus McCoy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lulu McCoy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 14 (Day) 1874 (Year)

8. AGE: Years 70 Months 10 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Bert McCoy
(b) Address Festus, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 30 44 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview
18. (a) Signature of funeral director J. J. Boyer & Son
(b) Address Leadwood, Mo.
19. (a) 1-8-45 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th year 1944 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from By Coroners Inquest, 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 Skull Fracture
Jury Verdict: The deceased came to his death by injuries received in an unavoidable automobile accident

Due to

Due to

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? Jefferson Co. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 61 N of Bonne Terre Mo (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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 145-128

Date Filed 1-16-45

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. Boyer

Licensed Embalmer No. 3445

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.