

33767 ✓

FILED OCT 27 1945

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 821

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

1. PLACE OF DEATH:

(a) County Greene Allen McCoy

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

(c) Name of hospital or institution:
City Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 734 W. Olive 6
(If rural, give location)

(e) Citizen of foreign country? No 0
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH ALLEN MCCOY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
 year 1945 hour 12: minute 00 P. M.

4. Sex Male 1 5. Color or race White

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased August 3, 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-7-45 to 10-13-45 1945
 that I last saw him alive on 10-13-45 1945
 and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>0</u>	<u>2</u>	<u>10</u>	_____ hr. _____ min.

Immediate cause of death Enteritis

Duration 7 D

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

10. Usual occupation Infant

11. Industry or business _____

Due to _____

Due to _____

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

MOTHER FATHER

12. Name Arlene Joseph McCoy

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

14. Maiden name Jennie Manning

15. Birthplace UNK New Mexico N. Mexico
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jennie McCoy

(b) Address 374 W. Olive, SPED, MO

17. (a) Burial (b) Date thereof 10-16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heidelberg Cemetery

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

(b) Address Springfield, Mo

19. (a) 10-15-45 (b) S. W. Handley
(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) _____

(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) (e) Means of injury

23. Signature [Signature]
 Address SPED, MO Date signed 10-15-45

984

185

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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.