

No. 2
DM-5-43
v. 5-17-39
I X38671

FILED JAN 21 1946

Registration District No. **149** Primary Registration District No. **1002**

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether)
 In this community unknown
years, months or days

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. 6838 E. 15 St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME May McCoy
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Jan. day 3
 year 1946 hour 5 minute 35 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
 6. (b) Name of husband or wife Thomas H. McCoy 6. (c) Age of husband or wife if alive Dec years
 7. Birth date of deceased 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 26 1945 to Jan. 3 1946
 that I last saw her alive on Jan. 3 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 77 hr. min.

Immediate cause of death Bronchopneumonia bilateral
 Duration _____

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

Due to _____
 Due to _____

10. Usual occupation Retired
 11. Industry or business _____
 12. Name Unknown 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
 1. Of operations _____
 Of autopsy See above

16. (a) Informant records at Gen. Hosp
 (b) Address K.C. Mo
 17. (a) Burial (b) Date thereof 1-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Green Lawn
 18. (a) Signature of funeral director Jno P. Sheil
 (b) Address K.C. Mo
 19. (a) 1-4-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Clark W. Seely (b) D. of other _____
 Address Med. Dir. Gen'l Hosp. Date signed 1-4-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
F. 1105

MOTHER FATHER

Dr. Knovich

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..... *G. P. Shil*.....
Licensed Embalmer No. *3625*.....
P. O. Address *250 1st*.....

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.