S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6538

Registration District No. 229 Primary Registration District No. 4343 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: 1
(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)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town New Florence 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dennis Mc Coy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race C

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 - 25 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Pendleton Mo Warren Co (City, town, or county) (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Un Known
13. Birthplace Un Known (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Un Known
15. Birthplace Un Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Howard Mc Coy
(b) Address New Florence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation New Florence Mo Col Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) 2-7-46 (Date received local registrar) (b) James O. Hehman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1946 hour II minute p M.

21. I hereby certify that I attended the deceased from December 4th, 1945, to February 3, 1946; that I last saw him alive on February 3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial degeneration and Myocardial insuffiency	2 mon.
Due to Arteriosclerosis and chronic hypertension	Several yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

Major findings:
Of operations
Of autopsy None made 97

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) 1
While at work? (e) Means of injury

23. Signature C. H. Thompson M.D.
Address New Florence Mo Date signed 2-7-46

2071 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 3-6-46

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, ~~any~~ On the 3rd day of Feb 1946, Registered Apprentice No.,
working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.