. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

10847

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11936

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi West of Bernie, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha Ann McCoy
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George McCoy
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased February (Month) 8 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
51	1	9	hr. min.

9. Birthplace Advance (City, town, or county) Mo. (State or foreign country)
10. Usual occupation house wife
11. Industry or business
FATHER
12. Name George Garner
13. Birthplace Bollinger Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Belle Scott
15. Birthplace Bollinger Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant George McCoy
(b) Address Bernie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/46 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie, Mo.
18. (a) Signature of funeral director Robert E. Drum
(b) Address Bernie Mo.
19. (a) 3/29-46 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1946 hour 5 30 minute PM M.
21. I hereby certify that I attended the deceased from Dec 30, 1944 to 3 16, 1946 that I last saw her alive on 3-16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of uterus cervix — Duration: 2 m/mo
Due to
Due to
Other conditions: metastasis to Urinary organs
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
480

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)
While at work? (e) Means of injury
23. Signature F. O. Kelley (M. D. or other)
Address Bernie Mo. Date signed 3/20/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No 2
District File Number 446-475
Date Filed 4-5-46

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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. G. Scheuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.