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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 25 1946

State File No. 31254

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 291

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Elvins, 3
(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 Sally McCoy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Caue
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Riley McCoy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 19 (Month) 1861 (Day) (Year)

8. AGE: Years 85 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Chuckey Tenn (City, town, or county) / (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name George Stanton
13. Birthplace Chuckey Tenn (City, town, or county) / (State or foreign country)
14. Maiden name Sarah Knight
15. Birthplace Chuckey Tenn (City, town, or county) / (State or foreign country)
16. (a) Informant Russel McCoy
(b) Address Elvins, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Ceme- Bismark, Mo
18. (a) Signature of funeral director Sparks Funeral Home
(b) Address 300 Taylor Ave, Flat River, Mo
19. (a) 9-19-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1946 hour 8:55 minute A.M.
21. I hereby certify that I attended the deceased from 12-14, 1944 to 9-7, 1946; that I last saw her alive on 9-7, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis with myocardial degeneration.	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93D

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 2

23. Signature W. D. Morris (M. D. or other) DO
Address Elvins, Mo. Date signed 9-17-46

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2658

Date Filed 9-24-46

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.