S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1667

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Methodist Home for the Aged 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 ½ years (Specify whether years, months or days)
In this community 3½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lawrence 55
(c) City or town: Marionville, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Sophia Ann McCoy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed 2
6. (b) Name of husband or wife: Edward S. McCoy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan. 10 (Month) (Day) 1864 (Year)
8. AGE: Years 83 Months 0 Days 1 If less than one day hr. min.
9. Birthplace: Metz, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: House-wife
11. Industry or business
12. FATHER Name: John Steinbach 9
13. FATHER Birthplace: not known (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Mahalia Rhea
15. MOTHER Birthplace: Va. 1 (City, town, or county) (State or foreign country)
16. (a) Informant: V. S. McCoy
(b) Address: 344 Harvard, Houston, Texas.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Marionville
18. (a) Signature of funeral director: J. B. Burridge
(b) Address: Marionville, Mo.
19. (a) Jan. 16-47 (Date received local registrar) (b) Ora McNatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year hour 8 minute P.M.
21. I hereby certify that I attended the deceased from 10-20, 1946 to 1-11, 1947 that I last saw her alive on 1-11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	2 days
Due to: Circulatory failure	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 108
Of autopsy:

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: John H. Barnes (M. D. or other) M.D.
Address: Marionville, Mo. Date signed 1-11-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 147-138
Date Filed JAN 21 1947

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Morrisonville Ill

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.