

FILED MAY 8 1947

Primary Registration District No. 5287

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Fishing River

(c) Name of hospital or institution: See Home

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

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community All her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty

(If outside city or town limits, write "RURAL")

(d) Street No. Route 3

(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCES ANN McCoy

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23

year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thos L McCoy 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased: April 19- 1878

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>0</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Clay Co. Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name James Mc Ginnis

13. Birthplace Mo

(City, town, or county) (State or foreign country)

14. Maiden name Rice

15. Birthplace Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Eva E. McCoy

(b) Address 223 Liberty

17. (a) Buried (b) Date thereof Apr 25 1947

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation no info

18. (a) Signature of funeral director Church - Archer Co

(b) Address Liberty Mo

19. (a) 4/25/47 (b) Barclay D. Dillinger

(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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) Coronary Thrombosis

(b) Date of occurrence 4-23-1947

(c) Where did injury occur? R.F.D. No 3, Liberty Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home

(Specify type of place)

While at work \_\_\_\_\_ (a) Mearns of injury \_\_\_\_\_

23. Signature R.W. Prather Coroner

(M. D. or other)

Address Wesley Springs Mo. Date signed 4-23-47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 5-6-47

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.....

John P. Lombard....., Registered Apprentice No. #400  
working under my personal supervision.

Signed Edgar Archer.....

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.