

FILED JUN 3 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17915

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 143

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

52
10

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina
(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 _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Edina.
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 10

(e) Citizen of foreign country? _____ (Yes or No) 10
If yes, name country _____

3. (a) PRINT FULL NAME Francis Thomas McCoy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1947 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 23 1947 to May 23 1947;
that I last saw him alive on May 23 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Queen 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct - 8 - 1867
(Month) (Day) (Year)

Immediate cause of death coronary thrombosis Duration 1 minute

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 79 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

Major findings: 94A

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Wash Davis McCoy

13. Birthplace Painesville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hester McMillen

15. Birthplace uk uk
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. C. Dalton

(b) Address Edina, Missouri

17. (a) Burial (b) Date thereof May-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linville, Edina, Mo.

18. (a) Signature of funeral director Keith Anderson

(b) Address Edina, Mo.

19. (a) 5/24/47 (b) Walter S. Hunter
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. J. Brickenfeld (M. D. or other) Dr.
Address Edina, Mo. Date signed 5/24/47

RECEIVED
District Health Officer M. E.
District Health Officer M. E.
6-47-925
JUN - 2 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 Keith Hudson
Licensed Embalmer No. 2415
P. O. Address Edina, Minn.

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.