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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 27 1947
Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28669

State File No. _____
Registrar's No. 72

Primary Registration District No. 5990

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

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural Putnam
(c) Name of hospital or institution: County Home 5
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Putnam
(c) City or town Rural Putnam
(d) Street No. Lemons, Mo
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Belle McCoy
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife W M McCoy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Day 6 If less than one day _____ min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business _____

12. Name John Lynch

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

14. Maiden name Sarah McCabrey

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

16. (a) Informant Ed Lynch

(b) Address Unionville, Mo

17. (a) B (b) Date thereof Aug 11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lemon Grove

18. (a) Signature of funeral director J. O. Plummer

(b) Address Unionville, Mo

19. (a) 8-21-47 (b) Marvell Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6th 1947 to Aug 10th 1947
that I last saw her alive on Aug 10th 1947
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral hemorrhage Duration 1 day
Due to arteriosclerosis
hypertension 35 years
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:

(c) 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) (c) Means of injury _____

23. Signature Chas L. Dadd (M. D. or other) Do
Address Unionville, Mo Date signed 8-21-47

RECEIVED
District Health Officer No. 10
District File Number 8-47-1125
Date Filed AUG. 25. 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.....

Mure E. Husler

Licensed Embalmer No.....

3307

P.O. Address.....

Unswell Rd

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.