

No. 2
-2-43
5-17-39
X3567

FILED DEC 9 1947 270
Registration District No. _____

Primary Registration District No. **3060**

Registrar's No. **84**

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Caruthersville**
(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 _____)
In this community **50 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot** **78**
(c) City or town **Caruthersville** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **607 Eastwood Ave.** **2**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No) **3**
If yes, name country _____

3. (a) PRINT FULL NAME **Victor Weaver McCoy**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nellie G. McCoy** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **October 12 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 13
hr. min.

9. Birthplace **Vine Grove Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business _____

12. Name **Charles R. McCoy**
13. Birthplace **Vine Grove, Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Yates**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nellie G. McCoy**
(b) Address **607 Eastwood - Caruthersville**

17. (a) **Burial** (b) Date thereof **11-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Little Prairie Cem.**

18. (a) Signature of funeral director **La Forge & Co.**
(b) Address **Caruthersville, Mo.**
19. (a) **12-6-47** (b) **Fussler B. Wilks**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** Day **25th**
year **1947** hour **8** minute **A.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 **Cornary Thrombosis** Duration **1 hr**

Due to **Cornary Heart Disease unknown**

Due to _____

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

Major findings: Of operations **None**
Of autopsy **none - 94A**
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? _____

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

23. Signature **O. Scott** (M. D. or other) **MD**
Address **Caruthersville, Mo.** Date signed **11/28/47**

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

MOTHER FATHER

12-47-327

DEC 10 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.....

..... *Boyd B. Willis* Registered Apprentice No. *19*
working under my personal supervision.

Signed..... *Macl C Dean*
Licensed Embalmer No. *3941*
P. O. Address..... *Conithersville 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.