S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

44369

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Lone Elm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Lone Elm
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie May McCoy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lewis A. McCoy

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased December 1, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	11	2	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chas. Mitchell
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Willie M. Glosley
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis A. McCoy
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 11-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Mem.

18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Mo.

19. (a) 11-4-47 (b) Dolores Lamphine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd
year 1947 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from April 5th, 1947, to Nov. 3, 1947, that I last saw her alive on Nov 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 B

PHYSICIAN

Underline the cause of 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

23. Signature J. H. Kerr D.O.

Address 530½ Main Joplin Date signed 11-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-989

APR 9 1948

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 Percy K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.