

No. 2  
-5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3955

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 3-4 Primary Registration District No. 5117

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

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Cedar T.S.  
(c) Name of hospital or institution: no  
(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

3. (a) PRINT FULL NAME Ella M<sup>c</sup> Coy  
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Wm A M<sup>c</sup> Coy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 22 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

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

12. Name Charles P. Haynie  
13. Birthplace So Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Jane Lester  
15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Roy Crane

(b) Address M<sup>c</sup> Baine mo R.F.D.

17. (a) Burial (b) Date thereof 2-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Com

18. (a) Signature of funeral director R. Currier

(b) Address Columbin Mo

19. (a) 2-13-48 (b) Mrs Mildred Burnett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Cedar T.S.  
(d) Street No. "Cedar" - R.F.D. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10<sup>th</sup>  
year 1948 hour 5:10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Feb 10 1948  
that I last saw her alive on Feb 9 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma  
Due to of Reticulum  
Due to \_\_\_\_\_

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

Major findings:  
Of operations M.P.  
Of autopsy \_\_\_\_\_

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 J. B. Fryer (M. D. or other) \_\_\_\_\_  
Address Osland Mo Date signed 2-11-48

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**RECEIVED**  
District Health Officer No. 9,  
District File Number  
Date Filed 2/18/48

**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, \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Lyman W. Sprinkle  
Licensed Embalmer No. 4013  
P. O. Address Columbia

**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.**