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FILED APR 26 1948
Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days** (Specify whether
32 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")

(d) Street No. **5311 So. 1st St.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME **RICHARD ELBERT COY**

3. (b) If veteran, **No** (c) Social Security No. **491-10-0315**
name war:

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Edna Mae Coy** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **Feb. 20, 1914**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

34 1 14 hr. min.

9. Birthplace **Trenton, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Sears-Roebuck Co.**

12. Name **William Coy**

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

14. Maiden name **Rose Mae Willis**

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

16. (a) Informant **Edna Mae Coy**
5311 So. 1st St.

(b) Address **Burial** **4/6/48**

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

(c) Place: burial or cremation **Mt. Auburn Cem.**

18. Signature of funeral director **Eva Clark**
(b) Address **120 Illinois Ave. St. Joseph, Mo.**

19. (a) **Apr 19, 1948** (b) **Edna Mae Coy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1948** hour **3** minute **05** p. M.

21. I hereby certify that I attended the deceased from **April 3**, 19**48** to **April 4**, 19**48**
that I last saw him alive on **April 4**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fracture of skull (basil) complicated by: Cerebral hemorrhage Necrosis of frontal lobes**

Due to:

Due to:

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

PHYSICIAN

Major findings: **1700-8**
Of operations:

Of autops: **as above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 131**

(b) Date of occurrence **4/7/48 10:50 P.M.**

(c) Where did injury occur? **St. Joseph Buchanan Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place: **Street + railroad crossing**
(Specify type of place)

White at work: **Collisions** (e) Means of injury **Car + train**

23. Signature **Ed Grant** (M. D. or other) **M.D.**
Address **St. Joseph, Mo.** Date signed **4/5/48**

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

MOTHER FATHER

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

Evan A. Clark

Licensed Embalmer No.

4235

P. O. Address

St. Joseph, 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.