S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Hope

State File No. 16818

Registration District No. 170 — Primary Registration District No. 3033 — Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 433 S. Jefferson 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Laclede
(c) City or town Lebanon (If outside city or town limits, write "RURAL") 53
(d) Street No. 433 S. Jefferson 1 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 20
If yes, name country

3. (a) PRINT FULL NAME Ada Mae McCoy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced divorced 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September (Month) 9 (Day) 1871 (Year)

8. AGE: Years 76 Months 7 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Macon City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation house wife
11. Industry or business
FATHER
12. Name George Kieffer
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant O. M. Sands
(b) Address Rt 3. Lebanon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon, City Cem.
18. (a) Signature of funeral director Palmers
(b) Address Lebanon, Mo.
19. (a) 5-8-48 (Date received local registrar) (b) Trissie B. Lynly 152 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1948 hour 6 minute 06 A.M.
21. I hereby certify that I attended the deceased from Feb 10, 1947, to April 23, 1948; that I last saw her alive on April 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	2 hrs
Due to: hypertension	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 10

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 James L. Hope (M. D. ~~or other~~)
Address Lebanon, Mo. Date signed 4/28/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

BY LICENSED EMBALMER

e reverse side of this certificate was embalmed by me, or by.....

. Palmer ..... Registered Apprentice No. 84 .....

Signed S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon Mo

ED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Received 6/7/48

Laclede County Health Unit

File No. 6448-61

Date Filed 6/8/48

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 14 1948
Registration District No. 20

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16818
Primary Registration District No. 3033
Registrar's No. 56

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 433 S. Jefferson (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Laclede
(c) City or town Lebanon (If outside city or town limits, write "RURAL") 53
(d) Street No. 433 S. Jefferson (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 20
If yes, name country

3. (a) PRINT FULL NAME Ada Mae McCoy
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September (Month) 9 (Day) 1871 (Year)

8. AGE: Years 76 Months 7 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Macon City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business
12. Name (FATHER) Hanover Tinsley Davis
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name (MOTHER) Ada Josephene Swink
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1948 hour 6 minute 06 A.M.
21. I hereby certify that I attended the deceased from Feb 10, 1947 to April 23, 1948; that I last saw her alive on April 23, 1948; and that death occurred on the date and hour stated above.

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

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

16. (a) Informant O. M. Sands
(b) Address Rt 3 Lebanon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon City Cem.
18. (a) Signature of funeral director Palmers
(b) Address Lebanon, Mo
19. (a) 5-5-48 (Date received local registrar) (b) Fannie B. Lynch (Registrar's signature)

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 James L. Hope, (M. D.) mother
Address Lebanon, Mo. Date signed 4/28/48

Items #12, 14 amended by affidavit of granddaughter verified by family bible 5-19-97