

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29005

State File No. _____
Registrar's No. 308

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butte
(b) City or town Poplar Bluff, Mo.
(c) Name of hospital or institution Poplar Bluff Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butte
(c) City or town Poplar Bluff
(d) Street No. 437 N. Main St
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Cal W. McCoy
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mrs Ida McCoy 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Jan 9, 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Engineer

11. Industry or business Mo. Pacific R.R.

12. Name Isaac Davis McCoy

13. Birthplace Greenville, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Bliz. George

15. Birthplace Greenville, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Ida McCoy

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 9-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City - Poplar Bluff, Mo. Frank-Coffell

18. (a) Signature of funeral director _____
(b) Address Poplar Bluff, Mo.

19. (a) 9/15/48 (b) _____
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1948 hour 4:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 12 to Sept 12, 1948
that I last saw him alive on Sept 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis of heart Duration _____
Due to Chronic Myocarditis

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

Major findings: Of operations _____
Of autopsy 930

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? D

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. optional)
Address Poplar Bluff, Mo. Date signed 9-17-48

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

NOV 8 1948

RECEIVED

District Health Office No. 2,

District File Number 94-1200

Date Filed 9-20-48

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3567

P. O. Address Doplox Bluff, 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.