

S. No. 2
4-12-40
v. 5-17-39
I X2315

State File No. _____

MAR 20 1941

Registration District No. 338

Primary Registration District No. 5479

Registrar's No. _____

41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County HARRISON

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 41

(a) State MISSOURI (b) County HARRISON 0

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY JANE McCoy

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2
year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 3-1
_____, 1941, to 3-2, 1941;

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife W. S. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 29 1866
(Month) (Day) (Year)

that I last saw him alive on 3-1, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death Essential Toxin Pneumonia

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name SAMUEL CLAYTOR

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

14. Maiden name MARGARET SIX

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

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 _____

16. (a) Informant Mrs. John Keatt

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 3/3/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHADY GROVE

18. (a) Signature of funeral director L. M. Hays

(b) Address Bethany, Mo.

19. (a) Mch 7-41 (b) J. P. Phillips
(Date received local registrar) (Registrar's signature)

23. Signature R. A. Stivers (M. D. or other) D

Address Bethany, Mo. Date signed 3-2-41

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..... *Shanton H. Haas*.....
Licensed Embalmer No..... *2861*.....
P. O. Address..... *Bethany, 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.