

S. No. 2
M-8-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 430

FILED JAN 10 1945
Registration District No. 53

Primary Registration District No. 3010

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days)
In this community 1 hr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME "Baby" Coy
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 30 year 1944 hour 3 minute 15 P. M.
21. I hereby certify that I attended the deceased from Dec 30, 1944 to Dec 30, 1944
that I last saw him alive on Dec 30, 1944 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death Atelectasis Duration 1 hr
Due to Premature birth (10 weeks premature)
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 189
Of autopsy _____

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. min.
9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

11. Industry or business _____
12. Name Stoy Gwin Coy
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Grace Irene Sailer
15. Birthplace Gordonville Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Henry Sailer
(b) Address Gordonville Mo.
17. (a) Burial (b) Date thereof 12/31/44 (Month) (Day) (Year)
(c) Place: burial or cremation Gordonville Mo
18. (a) Signature of funeral director McCoubert Funeral Co
(b) Address Jackson Mo
19. (a) 1-2-45 (b) H. V. Phelps (Date received local registrar) (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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature T. E. Ruff (M. D. or other) MO
Address Jackson Mo Date signed 12-31-44

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

1014

RECEIVED

District Health Officer No. 4
District File Number 145-80
Date Filed 1-8-45

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.....

P. O. Address.....

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.