MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35540
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85

(b) Township or City St. Joseph, Primary Registration District No. 1001 Registered No. 1059

(c) (d) Street No. 1523 Olive St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise K. Cox,

(a) Residence, No. 1523 Olive St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chester E. Cox,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	3	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vibbard, Missouri,

FATHER
13. NAME William Searcy,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vibbard, Missouri,

MOTHER
15. MAIDEN NAME Mary A. Brizen,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vibbard, Missouri,

17. INFORMANT (ADDRESS) Chester E. Cox 1523 Olive Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Oct. 18th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton-Bevalet Bros. 319 So. 10th. Str. Funeral Home

20. FILED Oct 18 1939 H J Nettlebush Sec.-Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Febr 15, 1939, to Oct 16, 1939

I last saw her alive on Oct 15, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous Nephritis	1938

Other contributory causes of importance:

Arthritis and Cardiac dilatation	unknown

Name of operation None Date of

What test confirmed diagnosis? Chemical + Microscopical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Robertson, M. D.

(Address) St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16805

Robertson
6210 R.N.

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 Oct 16, 193

....., Registered Apprentice No.....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3007

P. O. Address 3109 S. 10th St Joseph

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, above space should be left blank.