

Registration District No. 533

Primary Registration District No. 572.1

Registrar's No. 111

1. PLACE OF DEATH: Macon
 (a) County Macon
 (b) City or town Rural, Rensselaire
 (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 ✓
 In this community all of his life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Macon
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. S.E. of Macon
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Sidney A Cox 20th
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

20. DATE OF DEATH: Month Dec. day 20th
 year 1939 hour 3 minute 30 P.M.
 21. I hereby certify that I attended the deceased from 1932
~~Dec 9~~ to Dec 20, 1939
 that I last saw him alive on Dec. 15, 1939
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rosa
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 12th 1863
 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion
 Due to Embolus
 Duration 5 minutes
Dec 20
1939

8. AGE: Years 77 Months 4 Days 8
 If less than one day ✓ hr. ✓ min.

Due to auricular fibrillation
 Other conditions Chronic myocarditis
 (Include pregnancy within 3 months of death) 10 yrs

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

10. Usual occupation Farmer
 11. Industry or business 1
 12. Name Moses Allen Cox
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Wise
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

Major findings: A3C
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Allen Cox
 (b) Address Macon, Mo.
 17. (a) Dec. 22-1939 (b) Date thereof 12-22-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethlehem Cemetery, Stephens & Goodeney
 18. (a) Signature of funeral director Macon, Mo.
 (b) Address Macon, Mo.
 19. (a) 1/4/40 (b) Leota Newton
 (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) no
 (b) Date of occurrence no
 (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? no
 While at work? no (Specify type of place) _____ (e) Means of injury none
 23. Signature A. J. Harlan (M. D. or other) Jan!
 Address Clarence Mo Date signed 1939

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.

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RECEIVED

District Health Officer No: 10
District File Number 1-40-59
Date Filed JAN 6 1940

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.....

O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address. Macon, 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, above space should be left blank.