

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

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 yrs  
years, months or days

8. (a) PRINT FULL NAME Martha O. Cox JAD  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

5. Color or race Female white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife J. W. Cox 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov-1-1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 4 14 hr. \_\_\_\_\_ min.

9. Birthplace Spences Station Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Emery  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Brown  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Eddie Cox  
(b) Address Lamar, Mo

17. (a) Burial (b) Date thereof 3-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home  
(b) Address Lamar, Mo

19. (a) Mar-16-1940 (b) Mrs Josephine Mynatt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Lamar  
(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.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15<sup>th</sup>  
year 1940 hour 3 minute 15 P.M.  
21. I hereby certify that I attended the deceased from March 10  
1940 to March 15, 1940  
that I last saw her alive on March 14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Cardio-Renal-vascular complex  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 121

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? 40  
(Specify type of place) (e) Means of injury \_\_\_\_\_

Signature G. E. Decard (M. D. or other) MD  
Address Lamar, Mo. Date signed March 16

RECEIVED

District Health Officer No. 6,

District File Number 440-991

Date Filed APR 8 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 *[Signature]*

Licensed Embalmer No. 3141

P. O. Address *Lanier, 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.**