

STANDARD CERTIFICATE OF DEATH

28295

State File No.

Registration District No. 28

Primary Registration District No. 5277A

Registrar's No. 122

REC'D SEP 9 1940

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

1. PLACE OF DEATH

(a) County Laclede Missouri Rural
(b) City or town Rural
(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 2
In this community 40 yr
years, months or days (Specify whether)

3. (a) PRINT FULL NAME NAPOLLEN FRANKLIN COX

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Bethie Jane Cox 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased April 17 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Common Labor

11. Industry or business

MOTHER FATHER { 12. Name Eliga Cox
18. Birthplace unknown (City, town or county) (State or foreign country) 9
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Chester Cox

(b) Address 517 N 5th St St Joseph Mo

17. (a) Rural (b) Date thereof 8/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodland

18. (a) Signature of funeral director Robert Hope

(b) Address Excelsior Springs Mo
19. (a) 8/12/40 (b) Martha M. Craker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. South West Excelsior Sp.
(If rural, give location)
(e) If foreign born, how long in U. S. A? ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1940 hour 8:10 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 2
1940, to Aug. 7, 1940
that I last saw him alive on Aug. 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
arterial Sclerosis
Due to arterial Sclerosis

Due to —
Other conditions (include pregnancy within 3 months of death) 9413

PHYSICIAN
Major findings: —
Of operations —
Of autopsy none
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? —
(Specify type of place) (e) Means of injury —

23. Signature John L. Graves (M. D. or other) MD
Address Excelsior Springs Mo Date signed 8/8/40

[Faint handwritten notes and scribbles]

Date filed _____
District Health Officer No. 8,
District No. _____
Number *9-9-40*
RECEIVED

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.....

Virgel Hope

Licensed Embalmer No. *3950*

P. O. Address *Ecclesio Springs*

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.