DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29014

SEP 23 1940

Registration District No. 508

Primary Registration District No. 2674.

Registrar's No. 114.

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Chillicothe Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5½ miles N.W. Chillicothe, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Sixty years
years, months or days)

3. (a) PRINT FULL NAME Mary Raymond Cox

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C. L. Cox

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased November (Month) 19 (Day) 1876 (Year)

8. AGE: Years 63 Months 9 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Livingston Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Lee B. Manning
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Phoebe Morgan
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature Frank Manning
(b) Address R. R. Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-'40 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Cem.

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Mo.

19. (a) 9-4-1940 (Date received local registrar) (b) H. Morrow M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5½ miles N.W. Chillicothe, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1940 hour 12 PM minute ..... M.

21. I hereby certify that I attended the deceased from Dec 1 1939 to Sept 2 1940 that I last saw her alive on Sept 1 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic coma	2 hrs
Due to Diabetes mellitus	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) Pulmonary tuberculosis	8 mo
Major findings: Of operations Chronic nephritis	
Of autopsy	

PHYSICIAN

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature [illegible] M.D. (Official or other)
Address Chillicothe Mo. Date signed 9/3/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
I X10511

RECEIVED
District Health Officer No. 11
District File Number 220-14386
Date Filed SEP 12 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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.