

No. 2  
-10-39  
17-39.  
X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31591**

Registration District No. **275**

Primary Registration District No. **5170B**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Camden Washington Mo**  
(b) City or town **Stoulland**  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Camden**  
(c) City or town **Stoulland**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **WILLIAM WASHINGTON COX**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Mary Cox** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **March 25 1859**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **5** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Richland Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Marble Cutter**

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

MOTHER FATHER { 12. Name **Jess Cox**  
13. Birthplace **Franklin Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Maddox**  
15. Birthplace **unknown Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Cox**

(b) Address **Stoulland Mo.**

17. (a) **Burial** (b) Date thereof **9/18/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stoulland Mo.**

18. (a) Signature of funeral director **R. J. J. J. J.**  
(b) Address **Richland Mo.**

19. (a) **Sept 20 1940** (b) **Mrs. Mae Pool Moore**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **17th**  
year **1940** hour **7** minute **0 A.M.**

21. I hereby certify that I attended the deceased from **4-19-18**  
1937 to **Sept 16** 1940  
that I last saw him alive on **Sept 16** 1940  
and that death occurred on the date and hour stated above

Immediate cause of death **myocardial degeneration**

Due to **old age**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **late carcinoma**

Major findings: Of operations **none**

Of autopsy **none**

Duration

**29 years**

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 **9/17/40**  
(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?

**17** While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **C. E. Carter** (M. D. or other) \_\_\_\_\_  
Address **Stoulland** Date signed **9-18-40**

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

RECEIVED  
District Health Officer No. 7,  
District File Number 10-40-139/  
Date Filed 10-7-40

**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.

*Not Embalmed*

Signed *RBI*  
Licensed Embalmer No. 3198  
P. O. Address Richland 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.**