

STANDARD CERTIFICATE OF DEATH

State File No. 36077

Registration District No. 677

Primary Registration District No. 5919B

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte
(b) City or town New Market
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town New Market
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A. 11 years.

3. (a) PRINT FULL NAME Frank C. 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 Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 25th 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Pendleton Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Samuel Cox

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ben Hughes
(b) Address New Market

17. (a) Removal (b) Date thereof Oct. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Kentucky

18. (a) Signature of funeral director Deulan Davis
(b) Address Dearborn, Missouri

19. (a) Oct. 24 1940 (b) W H Moore
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1940 hour 12 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Occlusion
Due to Myocarditis

Due to _____
Other conditions Myocarditis
(Include pregnancy within 6 months of death)

Major findings: None
Of operations _____
Of autopsy No

Duration 2 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) No
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
(Specify type of place) (e) Means of injury None

23. Signature Lelauch H. Francis (other)
Address Parkville Mo Date signed Oct 24 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 Lucian Davis

Licensed Embalmer No. 4160

P. O. Address Deerborn 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.