FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42047
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 125
(b) Township ..... Primary Registration District No. 3009 Registered No. 412
(c) City Cape Girardeau Mo (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marion Leonard Cox
(a) Residence, No. Cape Girardeau, Mo St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Field representative
9. Industry or business in which work was done, as saw mill, bank, etc. Oil Company
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County Mo. 0

FATHER
13. NAME Green Cox 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Cox, Mo. 0 Cape County

MOTHER
15. MAIDEN NAME Mary Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co., Mo

17. INFORMANT (ADDRESS) Cornelius Cox Advance, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cox Cemetery, Mo DATE Dec. 8, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family Cemetery Lloyd S. Morgan Advance

20. FILED 12-7, 1940 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1940, to Dec 7, 1940
I last saw him alive on Dec 7, 1940 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Ruptured Gastric ulcer
10 Hour duration

Date of onset

117 N

Other contributory causes of importance:
Generalized Profuse
Peritonitis.

Name of operation Classic perforator Date of Nov 22 40
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) D. B. Elrod, M. D.
(Address) Cape Girardeau Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14023

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, Lloyd D. Morgan, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Lloyd D Morgan

Licensed Embalmer No. 3361

P. O. Address Advance 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.