

FEB 14 1941 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 20

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

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Fulton  
 (c) Name of hospital or institution: State Hospital #7  
 (d) Length of stay: In hospital or institution 5 YEARS.  
 In this community 5 YEARS.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Callaway  
 (c) City or town Fulton, Rural  
 (d) Street No. None  
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Nannie T. Cox

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

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

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

7. Birth date of deceased June 22 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>29</u>	hr. min.

9. Birthplace Claremont Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John LERIMORE

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

14. Maiden name Allie Newbarn

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

16. (a) Informant State Hosp ROWERS

(b) Address Fulton, MO

17. (a) Burial (b) Date thereof Jan 23, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Walter Wallace

(b) Address Fulton, Missouri

19. (a) Jan 23, 1941 (b) R. T. Crews  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from ARIL, 1 1929, to Jan. 21, 1941; that I last saw her alive on Jan 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis and Myocardial Degeneration indef

Due to AGN

Other conditions (Include pregnancy within 3 months of death)

Generalized Arteriosclerosis

Major findings: Of operations

Of autopsy Pulmonary Artery Thrombosis

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 Forrest Thomas (M. D. or other)

Address State Hospital #7 Date signed 1/24/41

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**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 Leo G. Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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, fact should be so stated above.**

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