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7-39  
X23159

State File No. ....

FILED FEB 18 1941

Registration District No. 692

Primary Registration District No. 4414

Registrar's No. ....

1. PLACE OF DEATH:  
 (a) County Platte  
 (b) City or town Dearborn  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
At Home Dearborn, Missouri  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community Entire Life  
years, months or days

3. (a) PRINT FULL NAME Speed S. Cox  
 3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced widowed  
 6. (c) Age of husband or wife if alive dead years  
 7. Birth date of deceased Jan. 22 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 12  
 If less than one day  
 L hr. C min.

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

10. Usual occupation Farmer

11. Industry or business Retired Farmer

12. Name Jacob Cox

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Melessa Wilson

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

16. (a) Informant Mrs Joseph Lamar  
 (b) Address Weston, Missouri

17. (a) Burial (b) Date thereof 1/5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant ridge  
 18. (a) Signature of funeral director J. H. Brill  
 (b) Address Weston, Missouri  
 19. (a) Jan 5 1941 (b) M. H. Moore  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Platte 83  
 (c) City or town Dearborn 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4  
 year 1941 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from March  
1940 to Jan 4 1941;  
 that I last saw him alive on Jan 3 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arsonic Poison  
 Duration 1 year

Due to Diabetes Mellitus

Due to Had left bank ruptured above the knee in December 1940

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Blood clot below left knee  
 Of operations None  
 Of autopsy NO 61

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? None  
(Specify type of place)  
 While at work? NO (e) Means of injury None

23. Signature M. H. Moore (M. D. or other) A  
 Address \_\_\_\_\_ Date signed Jan 5/41

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

MOTHER FATHER

201 82 451

**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. 837

..... working under my personal supervision.

Signed.....

*J. V. Brill*  
..... Licensed Embalmer No. 837

..... P. O. Address Weston, N.C.

**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.**