

Registration District No. **89** Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Some time**
In this community **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles Stanley Cox**

8. (b) If veteran, name war _____ 8. (c) Social Security No. **494-10-6552**

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

6. (b) Name of husband or wife **Minnie Mae** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **May 1 1889**
(Month) (Day) (Year)

8. AGE: Years **51** Months **8** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Butler County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

11. Industry or business **R E A**

12. Name **I. M. Cox**

13. Birthplace **Sullivan County Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Lydia Bruce**

15. Birthplace **Shady Grove Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Mae Cox**

(b) Address **Harviell, Missouri**

17. (a) **Burial** (b) Date thereof **Mar. 2, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill Cemetary**

18. (a) Signature of funeral director **Greer - Croy**

(b) Address **Poplar Bluff, Missouri**

19. (a) **3/7/41** (b) **Kate Lutz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Harviell**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route # 1**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No** **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**
year **1941** hour **12:00** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Feb 6,**
1941, to **March 1, 1941**;
that I last saw him alive on **March 1, 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Dehydration, Starvation**
Sepsis, Anemia
Due to **Cancer, RT Kidney with metastases to liver**

Duration **2 mos.**
3 mos.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **H 1/2 K**

Of autopsy _____

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 **C. B. Porter, M.D.** (M. D. or other) **D**
Address **Poplar Bluff, Mo.** Date signed **3-3-41**

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

MOTHER FATHER

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

Brent D. Jones

Licensed Embalmer No. *4281*

P. O. Address *Poplar Bluff*

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.