

Registration District No. **238**

Primary Registration District No. **6727**

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural Castor Twp.
(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 1 Year
(Specify whether years, months or days)
In this community 1 Year
(Specify whether years, months or days)

3. (a) PRINT FULL NAME SARAH EMILY 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 Widowed

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

7. Birth date of deceased January 29, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER
12. Name Edward Adams
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Jane Duvall
15. Birthplace Ste. Genevieve, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John H. Adams
(b) Address 4443 Griggs Ave, St. Louis, Mo.
17. (a) Burial (b) Date thereof 3/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crosstown, Mo. Baptist Cem.

18. (a) Signature of funeral director Ed. Heibel
(b) Address Fredericktown Mo
19. (a) in ch 21-1941 (b) S. A. S. Campbell
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Castor Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I ~~was~~ was ~~not~~ not ~~the~~ the ~~deceased~~ deceased ~~person~~ person ~~whose~~ whose ~~death~~ death ~~is~~ is ~~being~~ being ~~reported~~ reported ~~to~~ to ~~you~~ you ~~as~~ as ~~the~~ the ~~cause~~ cause ~~of~~ of ~~death~~ death ~~and~~ and ~~that~~ that ~~the~~ the ~~deceased~~ deceased ~~person~~ person ~~was~~ was ~~alive~~ alive ~~on~~ on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? Yes
While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature W. Harry Borron (M. D. or other) _____
Address Fredericktown Mo Date signed 3/22/41

USE CARBON-IMPREGNATED BLACK INK—MAKE A PERMANENT RECORD

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.

PHYSICIAN
Underline the cause to which death should be charged statistically

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.....

Myron A. LaPee, Registered Apprentice No.....
working under my personal supervision.

Signed *Myron A. LaPee*
Licensed Embalmer No. *4085*
P. O. Address *Fredericktown, 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.