

3-40
7-39
X231

FILED APR 28 1941

Registration District No. **677**

Primary Registration District No. **5901**

Registrar's No. **61**

1. PLACE OF DEATH **Phelps**

(a) County **Phelps**

(b) City or town **Rolla, #2** *Jimm*

(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **Phelps** **81**

(c) City or town **Rolla, MO** **0**

(If outside city or town limits, write "RURAL")

(d) Street No. **R.F.D # 2** **0**

(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Alexander L. Cox**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar 25,** 1941 day

year **10:00** hour minute **P.M.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from **3-24**, 1941, to **3-25**, 1941

that I last saw him alive on **3-24**, 1941

and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

Immediate cause of death **chronic myocarditis** **2 yrs**

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

7. Birth date of deceased **Feb 16 1861**

(Month) (Day) (Year)

Due to _____

Due to _____ **938**

8. AGE: Years **80** Months **1** Days **9** If less than one day _____ hr. _____ min.

Other conditions **Sanility**

(Include pregnancy within 3 months of death)

9. Birthplace **Rolla Mo # 2**

(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Alex Edelman**

13. Birthplace **Tenn**

(City, town, or county) (State or foreign country)

14. Maiden name **Licinda Ray**

(City, town, or county) (State or foreign country)

15. Birthplace **Tenn**

(City, town, or county) (State or foreign country)

16. (a) Informant **James A. Cox**

(b) Address **Granite City Ill....**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **3-28-41**

(Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation **On Farm of Home place**

18. (a) Signature of funeral director **Pull + Son**

While at work? _____ (Specify type of place)

(c) Means of injury _____

(b) Address **Rolla Mo**

19. (a) **3-28-41** (b) **Jos. F. Myers**

(Date received local registrar) (Registrar's signature)

23. Signature **E. E. Ferrel** (M. D. or other) **Dr. Ferrel**

Address **Rolla Mo** Date signed **3-26-41**

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

MOTHER FATHER

RECEIVED

Health Officer No. 5,

District File Number 4415-76

Date Filed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.