

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

1941  
MAY 9

STANDARD CERTIFICATE OF DEATH

14229  
State File No. 275

Registration District No. 104 Primary Registration District No. 5229 Registrar's No. \_\_\_\_\_

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cedar  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 28  
 year 1941 hour 7 minute A M.

4. Sex Female / Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife James H. Cox 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 5, 1876  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3, 1941 to April 27, 1941  
 that I last saw her alive on April 27, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of the lung Duration 4 hrs

8. AGE: Years 65 Months 29 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Carcinoma of the lung primary in the Uterus.  
 Due to Complete hysterectomy with diagnosis of carcinoma

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

Other conditions October 1940  
 (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John F. Agee  
 13. Birthplace W. Va.  
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Fauelkuer  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant X Kyle S. Cox  
 (b) Address 816 S. Delmar Springfield, Mo  
 17. (a) Burial (b) Date thereof 4-29-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director X. C. Davis & Co.  
 (b) Address Stockton, Missouri  
 19. (a) 4-29-41 (b) Matthew DeBruin  
 (Date received local registrar) (Registrar's signature)

155 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (Attending physician or other) \_\_\_\_\_  
 Address Jerico Springs, Mo. Date signed 4/29/41

RECEIVED

District Health Officer No. 7,

District File Number.....

Date Filed .....

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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, *Glen O. Tucker*

Licensed Embalmer No. *3753*

P. O. Address *Stockton, I.*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14229

Registration District No. 164

Primary Registration District No. 5229

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Rural Benton Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINCE Margareta Elizabeth Coy  
FULL NAME  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Apr day 28  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

Immediate cause of death \_\_\_\_\_

7. Birth date of deceased July 5 1876  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>64</u>	<u>09</u>	<u>23</u>		

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) 4-29-1941 (b) Mrs. Mary Heifner  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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 J. G. Bennett (M. D. or other) \_\_\_\_\_  
Address Jeico Spg Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-14229