

Registration District No. 556

Primary Registration District No. 5750

1. PLACE OF DEATH:

(a) County Merced
(b) City or town Montpelier
(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 _____
In this community Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Will Low 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. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 28 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Jessie Cox
13. Birthplace Kentucky
14. Maiden name Louden
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Cox

(b) Address Princeton Mo

17. (a) Burial (b) Date thereof April 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Neil Mass

(b) Address Princeton Mo

19. (a) 4/28-41 (b) J.M. Petty
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Merced
(c) City or town Princeton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1941 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Apr 19 1941, to Apr 26 1941, that I last saw him alive on Apr 26 and that death occurred on the date and hour stated above.

Immediate cause of death Bran thrombosis Duration 2 days
apoplexy

Due to _____

Due to Chronic interstitial nephritis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 12/0

Of autopsy None

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 E.W. Tracy (M.D. or other) MD
Address Princeton Mo Date signed 4/27-41

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.

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Neil Mass

Licensed Embalmer No. 2634

P. O. Address Quincy, Mass

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.