

King
S. No. 2
-11-1039
-5-17-39
-1 X21492

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19259

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 612 S Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 34 years
years, months or days)

3. (a) PRINT
FULL NAME

Oliver Perry Cox

3. (b) If veteran,

name war

no

3. (c) Social Security

No.

none

4. Sex

Male

5. Color or

race white

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Margaret L Cox

6. (c) Age of husband or wife if

alive 49 years

7. Birth date of deceased

May 23

1864

8. AGE:

Years

Months

Days

If less than one day

76

11

13

hr.

min.

9. Birthplace

Henry Co

Mo

10. Usual occupation

Farmer & stockman

11. Industry or business

Farm

MOTHER FATHER

12. Name

James Wiley Cox

13. Birthplace

12 Tennessee

14. Maiden name

Mildred Coffelt

15. Birthplace

unkn

Mo

16. (a) Informant

Mrs Margaret L Cox

(b) Address

612 S Main Nevada Mo

17. (a)

Burial

(b) Date thereof

5/7/41

(c) Place: burial or cremation

Newton Burial Park

18. (a) Signature of funeral director

Thys Funeral Service

(b) Address

Nevada Mo

19. (a)

May 6/1941

(b)

Allen V. Hays

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 612 S Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1941 hour 5 minute 00 A. M.

21. I hereby certify that I attended the deceased from Apr 21, 1941
to May 6, 1941

that I last saw him alive on May 4
and that death occurred on the date and hour stated above

Immediate cause of death

Cerebral hemorrhage

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Due to

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(City or town) (County) (State)

(Specify type of place)

(e) Means of injury

23. Signature ER King (M. D. or other)

Address Nevada Mo Date signed 5-6-41

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

RECEIVED

District Health Officer No. 7,

District File Number 6-41-963

Date Filed 6-10-41

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 Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.