

FILED JUL 11 1941

21910

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1903 Sergeant Ave!
(If not in hospital or institution, write street number or location)

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

In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 45

(c) City or town Joplin 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1903 Sergeant Ave 5
(If rural, give location)

(e) Citizen of foreign country? No Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME EBBIE COX

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1941 hour 11:05 minute A M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept 17, 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-22, 1941, to 6-27, 1941.

that I last saw her alive on 6-27, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>9</u>	<u>10</u>	hr. _____ min.

Immediate cause of death Intestinal obstruction

Duration _____

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

Due to _____

Due to 122B

Other conditions 122B
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business Home

12. Name No Record

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

14. Maiden name "

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

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? _____

16. (a) Informant Miss Nettie Cox

(b) Address Joplin, Mo.

17. (a) Buried (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Thornhill - Dillon Mort.

(b) Address Joplin Mo 372

23. Signature W. Shoverland (M. D. certifier) _____
Address Joplin Mo Date signed 6/28/41

19. (a) 7-2-41 (b) W. Shoverland
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

5-2
4-41
7-39

26390

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..... *David Dillon*

Licensed Embalmer No..... *3898*

P. O. Address..... *Joplin 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, fact should be so stated above.