

FILED SEP 10 1941
Registration District No. _____

Primary Registration District No. **3004**

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

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Memorial Hospital
(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

3. (a) PRINT FULL NAME **Jean G 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, **married**
6. (b) Name of husband or wife **Mrs Sarah Cox**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **June 11 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **12**
If less than one day _____ hr. _____ min.

9. Birthplace **Johnson Co Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Eli R. Cox**
13. Birthplace **Pattonville Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah E Patton**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs J G Cox**
(b) Address **Butler Mo**

17. (a) **Buried** (b) Date thereof **Aug 25 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill**

18. (a) Signature of funeral director **Culver**

(b) Address **Butler Mo**

19. (a) **Aug 25-41** (b) **Thos L Culver**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Bates**
(c) City or town **Butler**
(If outside city or town limits, write "RURAL")
(d) Street No. **Austin Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23**
year **1941** hour **6** minute **15** M.

21. I hereby certify that I attended the deceased from **Aug 18**, 19**41**, to **Aug 23**, 19**41**,
that I last saw her alive on **Aug 23**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis

Due to _____

Due to _____

Other conditions **Intestinal flu**
(Include pregnancy within 3 months of death)

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? _____ (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) (Means of injury)

23. Signature **J D Culver** (M. D. or other) _____
Address **Butler, Mo** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1619

Date Filed 9-9-41

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.....

Licensed Embalmer No. 4123

P. O. Address Butte, Mo

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.