

FILLED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30946  
Do not use this space.

1. PLACE OF DEATH *Barton* 006  
 (a) County *Barton* Registration District No. *41* 9  
 (b) Township *Clark* Primary Registration District No. *5062* 0  
 (c) City *Liberal* (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Malinda Violet Cox* 0  
 (a) Residence, No. *Liberal City* St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow* 2  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joel W. Cox*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 6 1857*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*84 3 2*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housekeeper*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *own home*  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Neoga Ill.*  
 FATHER 13. NAME *Uriah Hadley*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*  
 MOTHER 15. MAIDEN NAME *Sarah Rhodes*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*  
 17. INFORMANT (ADDRESS) *Sarah C. Bailey*  
*Riviera Kansas*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *Sept. 10th* 19*41*  
 19. FUNERAL DIRECTOR (ADDRESS) *Liberal* *Barker Funeral Serv*  
*Muller, Kansas*  
 20. FILED *Sept 10 1941* *F. H. Bell M.D.* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 8 1941*  
 22. I HEREBY CERTIFY, That I attended deceased from *Aug 8 1941* to *Sept. 5 1941*  
 I last saw her alive on *Sept 5 1941*. Death is said to have occurred on the date stated above, at *7 A.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Acute circulatory collapse* Date of onset \_\_\_\_\_  
*JHA*  
 Other contributory causes of importance:  
*Mental deterioration*  
 Name of operation *None* Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Biometrics* Was there an autopsy? *No*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *0* Date of injury *0*, 19*0*..  
 Where did injury occur? *0* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury *0*  
 Nature of injury *0*  
 24. Was disease or injury in any way related to occupation of deceased? *No*  
 If so, specify \_\_\_\_\_  
 (Signed) *D. G. Edlerson*, M. D.  
 (Address) *Liberal, Mo.*

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.

RECEIVED

District Health Officer No. 6,

District File Number 1041-1537

Date Filed OCT 3 1941

STATEMENT BY LICENSED EMBALMER

I, J. M. Berkeley, Licensed Embalmer No. 2336

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. M. Berkeley  
Licensed Embalmer No. 2336

**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.)**