

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32150**

FILED SEP 30 1941
Registration District No. **632**

Primary Registration District No. **5834**

Registrar's No. **35**

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

1. PLACE OF DEATH:

(a) County Oregon

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

(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 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **075**

(c) City or town Thayer **(Rural)** **0**
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

* If yes, name country 0

3. (a) PRINT FULL NAME Frances Elizabeth Cox

3. (b) If veteran, name war -- 3. (c) Social Security No. --

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from July 20 1941 to Aug 26 1941 and that death occurred on the date and hour stated above

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased May 11 1854
(Month) (Day) (Year)

Immediate cause of death Pylo-nephritis
Sepsis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 133B

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>3</u>	<u>15</u>	hr. min.

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

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER

12. Name William P. Sandridge

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

14. Maiden name Sarah Qualls

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

16. (a) Informant Mrs. Joe Honeycutt

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 8/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ary Cem.

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer, Mo.

19. (a) SEPT 4, 1941 (b) Lola E. Johnson
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed 9-2-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3,

District File Number. 8511913

Date Filed _____

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. _____

P. O. Address _____

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.