

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
JAN 13 1942

Registration District No. 83

Primary Registration District No. 5124

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanana  
(b) City or town Wallace (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)  
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Wallace (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Hackett Cox

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Fred Cox 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 23 1971 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Platte County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Practical Nurse

11. Industry or business County Infirmary

MOTHER FATHER

12. Name Jacob Hackett  
13. Birthplace Unknown / Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Loar  
15. Birthplace Buchanan County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Moley Dute  
(b) Address Wallace, Missouri

17. (a) Burial (b) Date thereof 1/3/42 (Month) (Day) (Year)  
(c) Place: burial or cremation Hackett Cemetery Dearborn, Mo.

18. (a) Signature of funeral director Wesley Beale & Co. Funeral Home  
(b) Address St. Joseph, Mo.

19. (a) 1/3/42 (Date received local registrar) (b) W. S. Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1942 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 10 to Dec 7, 1941  
that I last saw her alive on Dec 28, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial Nephritis Duration 6 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cancer of Breast (Include pregnancy within 3 months of death) 2 yrs

Major findings: Of operations 50

Of autopsy none PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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? 2

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. M. Riles (M.D. or other) DO  
Address De Kalb, Mo Date signed 1/3/42

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

**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 1-1-42

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *W. J. Summers*

Licensed Embalmer No. 5007

P. O. Address Joseph G. Co.

**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.**