

FILED FEB 12 1942

Registration District No.

Primary Registration District No. 5380

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Wanglar
(b) City or town rural
(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 2 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Hattie Mae Cox

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Cox / 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 17 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 18
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name John Hudd
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Cox
(b) Address Ava, Mo R-3

17. (a) Burial (b) Date thereof Dec 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burdett Cemetery

18. (a) Signature of funeral director Reuben Boller
(b) Address Ava, Mo

19. (a) 2/2/42 (b) Thelma S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wanglar
(c) City or town rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
year 1941 hour 3 minute 22 P.M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h. alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension 2 yrs
chronic nephritis
Due to
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

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

23. Signature M. C. Bentley (M. D. or other)
Address Ava Mo Date signed 2-2-42

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.