

S. No. 2-
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 2 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10223
Registrar's No. 200

Registration District No. 35

Primary Registration District No. 5127

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Washington Twp. sp. ty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Industrial City
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Buchanan 011
(c) City or town Industrial City 0
(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 _____ 0

3. (a) PRINT FULL NAME James Howell Cox
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 6
year 1942 hour 3 minute 45 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Lucy Cox
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 5 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3 1942 to March 5 1942
that I last saw him alive on March 5 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 1 1 hr. min.

Immediate cause of death Cerebral apoplexy Duration 5 days
Due to Hypertension
+ age

9. Birthplace Platte Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Blacksmith

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

MOTHER FATHER
11. Industry or business _____
12. Name William Cox
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Farmer
15. Birthplace Ky
(City, town, or county) (State or foreign country)

Major findings:
Of operations None
Of autopsy _____

16. (a) Informant Mrs Lucy Gloschen
(b) Address Industrial City
17. (a) Burial (b) Date thereof Mar 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Mo.

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? _____

18. (a) Signature of funeral director Fleeman Florine
(b) Address St Joseph Mo
19. (a) March 6 - 46 (b) H. J. Nuttall
(Date received local registrar) (Registrar's signature) Dr

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Leslie Pugh M. D. or other _____
Address Long Hill Bldg Date signed 7/4/42

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.....

3/6/42

....., Registered Apprentice No.....

working under my personal supervision.

Signed John L. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo

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.