

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 98

Primary Registration District No. 5-146

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural Pole, Mo.
(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 _____ (Specify whether _____)

In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town R.F.D. Pole, Mo. 13
(If outside city or town limits, write "RURAL") 8

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

(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Maudie N. Cox

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1942 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from May 10 1942 to May 27 1942, that I last saw her alive on May 25 1942 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Martin Cox 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan 9 1895
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of the intestines metastasizing from Carcinoma of uterus.

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

8. AGE: Years 47 Months 4 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Elmira Mo (City, town, or county) (State or foreign country) 0

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name B. B. Whitsett

13. Birthplace So. Carolina (City, town or county) (State or foreign country) 1

14. Maiden name Kate M. Whit

15. Birthplace Bay Co Mo (City, town or county) (State or foreign country) 0

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 _____

16. (a) Informant Martin Cox

(b) Address Pole Mo

17. (a) Burial (b) Date thereof 5-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lathrop Mo

18. (a) Signature of funeral director Alsbaugh + Cowley

(b) Address Pole Mo

19. (a) 6-1-42 (b) Wm. Vernon Budge
(Date received local registrar) (Registrar's signature)

23. Signature Ockelbourn (M. D.) 0

Address Courgill, Mo. Date signed 5/27/42

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

13000

1285

March 11 1942

2/12

1942

1942

1942

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

Dean J. Caspary

Licensed Embalmer No. 19080

P.O. Address

St. Louis 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.