

FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17874

State File No.

Registration District No. 956

Primary Registration District No. 5374

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Douglas  
 (b) City or town Near Willow Springs, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Clinton Sup  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution (Specify whether

In this community  
years, months or days3. (a) PRINT  
FULL NAMEHoward Wesley Cox

(b) If veteran,  
name war

(c) Social Security  
No. 488-16-0726

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased April - 22 - 1918  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
24 -- 29 hr. 0 min.

9. Birthplace TEXAS COUNTY, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business

12. Name RAY Herbert Cox

13. Birthplace TEXAS COUNTY, Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name ETHEL WAGONER

15. Birthplace TEXAS COUNTY, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant FRANK RAYMOND COX

(b) Address Willow Springs, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-24-42  
 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETARY

18. (a) Signature of funeral director Burns & Sons

(b) Address Willow Springs, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
 (c) City or town Near Willow Springs  
 (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 May day 21st.  
 year 1942 hour 3 P.M. minute  M.

21. I hereby certify that I attended the deceased from  
 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Drowning. Duration

Due to Boat Capsizing.

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) Accident

(b) Date of occurrence May 21st. 1942

(c) Where did injury occur? Knoblett Lake  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public State Lake.

While at work? No. (Specify type of place) (e) Means of injury

Signature Clarence V. Clinkenbeard, Coroner  
 (M. D. or other)

Address Ava, Mo. Date signed 5/22/42  
Deputy

10/1/21  
184-21  
27  
DEC 7 1921

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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.....

*J. R. Burns*

Licensed Embalmer No. ....

*1837*

P. O. Address.....

*Willow Springs, Ark.*

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17871

Registration District No. 101

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Sumner  
(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 \_\_\_\_\_ (Specify whether years, months or days)  
In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Howard W. Cox

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 188-16-0726

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased apr - 22 - 1942  
(Month) (Day) (Year)

8. AGE: Years 24 Months - Days 23 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_ (State or foreign country)

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 10-1-42 (b) Thomas S. Waters  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Huwell  
(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 may day 2 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

