. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18024

State File No.

FILED JUN 18 1942

Registration District No. 328

Primary Registration District No. 5462

Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY

(b) City or town RURAL LINCOLN TOWNSHIP
(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 20 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GRUNDY 40 0

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. LINCOLN TOWNSHIP
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ELYRIA BELLE COX

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife ELBERT COX

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUG (Month) 22 (Day) 1862 (Year)

8. AGE: Years 79 Months 8 Days 19 If less than one day hr. min.

9. Birthplace JACKSONVILLE (City, town, or county) MO (State or foreign country) 0

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name ALBERT L. HALL
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country) 1

MOTHER
14. Maiden name MARY SECCREST
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country) 1

16. (a) Informant CHARLEY COX
(b) Address TINDALL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 13 (Day) 1942 (Year)
(c) Place: burial or cremation MARTIN CEM. GRUNDY CO.

18. (a) Signature of funeral director Chas. E. Schooler
(b) Address Spickard MO

19. (a) May 13-42 (Date received local registrar) (b) Nada W Hoffman (Registrar's signature)

1202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11
year 1942 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 41, to May 11, 1942
that I last saw her alive on May 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Congestion — Duration 3 to 4 days

Due to Mitral Insufficiency week to 10 days

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. L. McClanahan (M. D. or other) M.D.
Address Spickard, Mo. Date signed May 13 42

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 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.....Ross Wise.....

Licensed Embalmer No.....9771.....

P. O. Address.....Sarcoxie 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.