V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21447

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 259

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 54 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin Mo; (If outside city or town limits, write "RURAL") 2

(d) Street No. 516 Joplin St; (If rural, give location) 5

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

If yes, name country No

3. (a) PRINT FULL NAME William A. Cox.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Mary E Cox. Deceased

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

7. Birth date of deceased April 10, 1858 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Near Indianapolis Indiana! (City, town, or county) (State or foreign country)

10. Usual occupation Stockbuyer

11. Industry or business

FATHER
12. Name Leander Cox.
13. Birthplace Maysville Ky; (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Delia R. Redman
15. Birthplace Ciecero Indiana (City, town, or county) (State or foreign country) 1

16. (a) Informant W.A. Cox.

(b) Address 516 Joplin St; Joplin Mo;

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis Indiana;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 6-22-42 (Date received local registrar) (b) Gertrude Sudworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 21, day 1942 year ..... hour 3-00 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from 6/16 1942 to 6/21 1942 that I last saw him alive on 6/20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Fatigue

Due to Malnutrition

Due to

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

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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 R M Jones (M. D. or other) 6

Address Joplin Mo Date signed 6/22/42

1207 (Licensed Embalmer's Statement on Reverse Side)

42-6-543

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.) [illegible] 5-22-42

If this body is not embalmed, fact should be so stated above.