

FILED SEP 17 1942
Primary Registration District No. 4459

Registration District No. 314

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola 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 of life years, months or days

3. (a) PRINT FULL NAME Joseph H. Cox

3. (b) If veteran, name war No

3. (c) Social Security No. No

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

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

7. Birth date of deceased about 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months - Days - If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Shawnee H. Cox

13. Birthplace Union Grove Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Reddish

15. Birthplace Union Grove Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Shawnee H. Cox

(b) Address Shawnee H. Cox

17. (a) Burial (b) Date thereof 8-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Mo

18. (a) Signature of funeral director Osceola Home

(b) Address Osceola Mo

19. (a) 9-2-42 (b) Dorothy Georgan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County St. Clair

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

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

(e) Citizen of foreign country Yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1942 hour 3 minute A M.

21. I hereby certify that I attended the deceased from 8-1-42 to 8-7-42
that I last saw him alive on 8-6-42
and that death occurred on the date and hour stated above.

Immediate cause of death Continued of brain Duration 6 d.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1860 39

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 8-3-42

(c) Where did injury occur? Osceola, St. Clair, Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) (c) Means of injury Fall off bridge

23. Signature T. N. D. Taylor, Jr. (M.D. or other) MD.

Address Osceola, Mo. Date signed 8-25-42

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

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1102

RECEIVED

District Health Officer No. 7,

District File Number 9-42-960

Date Filed 9-8-42

OCT 21 1953

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 Chas Gilbert Hathaway
Licensed Embalmer No. 42167
P. O. Address Osceola, 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.