

FILED OCT 9 1942  
Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Princeton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Artell Hospital O.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 minutes  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer  
(c) City or town \_\_\_\_\_  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Died Unnamed

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased September 5 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. 30 min.

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

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

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Albert Henry Cox

13. Birthplace Mercer Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. May Schmass

15. Birthplace Putnam Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Henry Cox

(b) Address Princeton, Mo.

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

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

18. (a) Signature of funeral director none employed

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

19. (a) 9-18-42 (b) Jessie Alley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day fifth  
year 1942 hour 8:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from September fifth 1942 to Sept. 5 1942  
that I last saw her alive on Sept. 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death microcephalus

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

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

Other conditions (Include pregnancy within 3 months of death) 157 d

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 Byron D. Artell (M. D. or other) D.O.

Address Princeton, Mo. Date signed 9-16-42

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

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1  
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1117

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

# Axtell Hospital

205 South Broadway  
Princeton, Missouri

Copy

Dr. Byron I. Axtell  
Osteopathic Physician  
and Surgeon  
Phone 86

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September 15, 1942

Albert and Mira Cox by these presents grant to Dr. B. I. Axtell the right to retain the foetus of their recently borne child, which died a few minutes after delivery.

This right is granted to Dr. Axtell for the reason that this foetus is unusual and would be of educational value to the profession.

The undersigned releases all claims to this foetus and to any claim in law or equity that they may have against Dr. Axtell for retaining the above mentioned specimen.

Signature- Mira Mae Cox  
Signature- Albert H. Cox

Witness-  
Mrs. Marjorie Crigler R.N.

30862