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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 30 1942

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40230

Primary Registration District No. 1000

Registrar's No. 1181

11
1
7

1. PLACE OF DEATH:

(a) County Buchanon

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

(c) Name of hospital or institution: State Hospital # 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 29 yrs 9 mos (Specify whether years, months or days) In this community + 2 days. Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Rural (If outside city or town limits, write "RURAL") 11

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 7

If yes, name country 0

3. (a) PRINT FULL NAME Dora Cox

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

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 alive years

7. Birth date of deceased December (Month) 7 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	25	hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business at home

FATHER
12. Name Eli Cox
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ravena Barker
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

16. (a) Informant George Cox

(b) Address Rigeway Mo

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof Dec. 2 42 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Mo.

18. (a) Signature of funeral director Herman W. Sidenfadner

(b) Address 1802 Union, St Joseph, Missouri

19. (a) 12-2-42 (Date received local registrar) (b) Rose Hugog (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec 2 day 2 year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 2, 1942 to Dec 2, 1942 that I last saw her alive on Dec 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis many years

Due to

Due to

Other conditions (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.

13b1

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

23. Signature E. E. Cousins (M. D. or other)

Address State Hospital # 2 Date signed 12/2 1942

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(Licensed Embalmer's Statement on Reverse Side)

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.....Elbert P. Harrington.....

Licensed Embalmer No.....3258.....

P. O. Address.....St. Joseph, 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.