

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

FILED FEB 3 1943
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Registration District No. 2000

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution: Burge Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 da.

In this community Springfield years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield

(d) Street No. 810 W Harrison

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Cox, John Riley

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27 year 1943 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to Jan. 27, 1943

4. Sex M 5. Color or Race W

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: October 19 1858

that I last saw him alive on Jan 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis

Duration: ?

8. AGE: Years 84 Months 3 Days 14 If less than one day hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

9. Birthplace Dallas, Texas, Mo

10. Usual occupation Retired farmer

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Cox

13. Birthplace Unknown Mo

14. Maiden name Unknown

15. Birthplace Unknown Unknown

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 _____

16. (a) Informant Everette Cox

(b) Address 810 W Harrison, Springfield

17. (a) Burial (b) Date thereof 1-28-43

(c) Place: burial or cremation Buffalo Cem.

18. (a) Signature of funeral director B. Jones

(b) Address Buffalo Mo

19. (a) 1-28-43 (b) W. H. Haudley

23. Signature Arthur Knott (M. D. or other) MD

Address 4504 S. Council Date signed 2-2-43

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.....

Lelyde Montgomery

Licensed Embalmer No.....

3592

P. O. Address.....

Buffalo 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.