. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 156

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 2523

Registrar's No. 624

49
2
5

**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: St. John Hospttal 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether

In this community Entire life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49 2

(c) City or town Joplin, 5 (If outside city or town limits, write "RURAL")

(d) Street No. 1008 North Street (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MELVIN WAYNE COX

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race White 0

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 July (Month) 15, (Day) 1941 (Year)

8. AGE: Years 1 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Joplin, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Melvin Cox
13. Birthplace Galena, Kansas 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilma Wilson
15. Birthplace Galena, Kansas 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilma Cox

(b) Address 1008 North Street

17. (a) Burial v (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Baxter Spg. Kans

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin

19. (a) 1-25-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 21, year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-21-43, 19, to 1-21-43, 19, that I last saw him alive on 1/21/43, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Larengeal Diphtheria.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 10

Major findings:
Of operations

Of autopsy

Duration

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)

(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 R. C. Kewkirk (M. D.)

Address 304 Frisco Bldg Joplin Mo. Date signed 1/26/43

1204 (Licensed Embalmer's Statement on Reverse Side)

43-1-69

FEB 26 1943

## 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 F. M. Jones

Licensed Embalmer No. 2319

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.)**

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