Duplicate of 3113-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7241

FILED MAR 8 1943

Registration District No. 275

Primary Registration District No. 5943

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: Edgar Springs Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sonora Creek Farm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Phelps

(c) City or town: Edgar Springs Mo (If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME: Nancy Adeline Cox

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Tom Cox

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

7. Birth date of deceased: Sept 18 (Month) 1859 (Day) (Year)

8. AGE: Years 83 Months 5 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace: Nashville Tenn (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business ____

MOTHER FATHER

12. Name: John Berry

13. Birthplace: Tenn (City, town, or county) (State or foreign country)

14. Maiden name: Sarah White

15. Birthplace: Tenn (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Bill Duncan

(b) Address: Edgar Springs

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

(c) Place: burial or cremation ____

18. (a) Signature of funeral director ____

(b) Address ____

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1943 hour 8 minute a M.

21. I hereby certify that I attended the deceased from Jan 4, 1943, to Jan 6, 1943, that I last saw her alive on Jan 4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis

Due to: Chronic Nephritis & Rheumatism

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.

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: Leslie Randall (M. D. or other) MD

Address: Licking Mo Date signed 1-6-43

104 (Licensed Embalmer's Statement on Reverse Side)

3113

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, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7241

Registration District No. 27J Primary Registration District No. 5943 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Edgar Springs
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(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 Nancy Adelaide Cox

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 18 (Day) 1853 (Year)

8. AGE: Years 83 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Edgar Spgs. Cem

18. (a) Signature of funeral director Mabel + Son Funeral Home

(b) Address Rolla Mo

19. (a) 1-30-1943 (Date received local registrar) (b) Ella Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)

(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY