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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10084**

LED APR 8 1943

Primary Registration District No. **5367**

Registrar's No. **37**

31
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Daviess

(b) City or town Monroe Twp Rural
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY EDA LOX

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1943 hour 1:25 minute 25 P.M.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife John Cox

6. (b) Age of husband or wife if alive 67 years

7. Birth date of deceased: 11 16 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from On Mar 29th 1943 to _____, 19____
that I last saw her alive on Mar 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral debilitation 30 min

8. AGE: Years Months Days If less than one day

60 4 13 hr. _____ min.

Due to _____

Due to _____

9. Birthplace Caldwell Co MO
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: _____

Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Martin Lockman

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

14. Maiden name Cynthia Clark

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

16. (a) Informant John Cox

17. (a) Burial (b) Date thereof 3 30 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton

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? _____

18. (a) Signature of funeral director James J. Harrison

(b) Address Hamilton MO

23. Signature J. J. Harrison (Specify type of place) (a) Means of injury 2

Address Hamilton MO Date signed 3/31/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1084

(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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Morris A. Brown
Licensed Embalmer No. 3918

P. O. Address Hamilton, W. Va.

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.