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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24234

FILED AUG 12 1943

Registration District No. ____ Primary Registration District No. 5031 Registrar's No. 20

1. PLACE OF DEATH:

(a) County: AUDRAIN

(b) City or town: QUIVRE twp "RURAL"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 13 MI S.W of VANDALIA
(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) 7yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: AUDRAIN

(c) City or town: QUIVRE twp RURAL
(If outside city or town limits, write "RURAL")

(d) Street No.: 13 Mi S. of VANDALIA
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: GEORGE ALBERT COX

3. (b) If veteran, name war: ____

3. (c) Social Security No.: NONE

4. Sex: MALE

5. Color or race: White

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

6. (b) Name of husband or wife: MINNIE COX

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: Nov (Month) 9 (Day) 1873 (Year)

8. AGE: Years 69 | Months 9 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) ____ (State or foreign country) MISSOURI

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: John S. Cox
13. Birthplace: (City, town, or county) ____ (State or foreign country) ENGLAND

MOTHER
14. Maiden name: MARY SAUNDERS
15. Birthplace: (City, town, or county) ____ (State or foreign country) ENGLAND

16. (a) Informant: Ralph G. Cox
(b) Address: Middletown Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 18 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: New Providence Cem.

18. (a) Signature of funeral director: F B Wells
(b) Address: WELLSVILLE MISSOURI

19. (a) July 19 1943 (Date received local registrar) (b) Mallie Fugate (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1943 hour 12 minute P M.

21. I hereby certify that I attended the deceased from April 11 1943 to July 16 1943; that I last saw him alive on July 16 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: PULMONARY EDEMA TOXEMIA — Duration 7/13/43

Due to: ____

Due to: CARCINOMA of Colon with Metastasis to Stomach — 1941

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: NONE
Of autopsy: NONE

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: Dr. J. P. Dougherty (M. D. or other) Do.
Address: Vandalia Mo. Date signed 7/21/43

(Licensed Embalmer's Statement on Reverse Side)

Dear Sir: The first blank you sent Dr Daugherty. This he has signed. The blank is obsolete. Has not been used for several years. I am making copy on current form. Will you kindly sign. I will get his signature also and enclosing burial permit red check indicates information necessary — You may make new certificate on proper blank

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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. 1588,

working under my personal supervision.

RECEIVED
District Health Officer No. 10
District File Number 2-43-1349
Date Filed AUG 11 1943

Signed F B Wells

Licensed Embalmer No. .....

P. O. Address Hellerville Ma

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.