

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36020

State File No.

NOV 10 1943

360

Registration District No.

Primary Registration District No.

3076

Registrar's No.

100

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
612 S. Main St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 1
 (Specify whether

In this community
 years, months or days)

3. (a) PRINT
 FULL NAME

Edward Cox

3. (b) If veteran,
 name war

None

3. (c) Social Security
 No. None

4. Sex

Male

5. Color or
 race W.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
 alive 5 years
 (Month) (Day) (Year)

7. Birth date of deceased

July 5 1899
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

44

3

3

hr.

min.

9. Birthplace

Vernon County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name

Edward Cox

13. Birthplace

Barren Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name

Margaret Elizabeth Scott

15. Birthplace

Barren Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Margaret Cox

(b) Address

Nevada Missouri

17. (a)

Burial
 (Burial, cremation, or removal)

(b) Date thereof Oct 13 1943
 (Month) (Day) (Year)

(c) Place: burial or cremation

Norton Burial Cox

18. (a) Signature of funeral director

Walter E. Hays

(b) Address

Nevada Mo.

19. (a) 10-10-43

(b) Walter B. Beurel
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
 (c) City or town Derwood Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. #1 Moundville
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
 year 1943 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from
10-6 1943 to 10-8 1943
 that I last saw him alive on 10-7 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute hemorrhagic nephritis
and

Due to

Acute hepatitis
following ingestion of
blue vitriol (copper sulfate)

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 sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence 10-8-43
 (c) Where did injury occur? Nevada (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Walter E. Hays

(M. D. or other)

Address

Nevada, Mo.

Date signed 10-11-43

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

Health Officer No. 7,

Philippine Number 10-43-1218

Date Filed 11-9-43

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

Mack A. Branswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.