S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41579

State File No.

FILED JAN 12 1944

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 1491

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp NZ 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mts 3 days (Specify whether
In this community 4 mts 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 11

(c) City or town Richmond 1
(If outside city or town limits, write "RURAL") 7

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

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

If yes, name country 0

3. (a) PRINT FULL NAME CLAYTON COX

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 27 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	10	26	7 hr. 50 min.

9. Birthplace Richmond Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Cox
13. Birthplace Tennessee (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Simpson
15. Birthplace North Carolina (City, town, or county) 1 (State or foreign country)

16. (a) Informant Ray County Court
(b) Address Richmond Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24-43 (Month) (Day) (Year)
(c) Place: burial or cremation State Hospt #2

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) 11-24-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1943 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov. 14, 1943 to Nov. 22, 1943
that I last saw him alive on Nov. 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to Senile Deterioration

Due to

Other conditions
(Include pregnancy within 3 months of death) 107

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 0

23. Signature [signature] (M. D. or other)

Address State Hospital #2 St Joseph Mo Date signed 11/23/1943

1253

(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 not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Emil Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.