

No. 2  
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17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 11 1944  
338

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8531

State File No. ....

Registration District No. 338

Primary Registration District No. 4501

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:  
None  
(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 \_\_\_\_\_ (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard <sup>103</sup>

(c) City or town Bloomfield <sup>2</sup>  
(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 \_\_\_\_\_ <sup>0</sup>

3. (a) PRINT FULL NAME ALEXANDER COX

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male

5. Color or face White

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

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

7. Birth date of deceased Sept. 11, 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>5</u>	<u>8</u>	____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Jim Cox

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

14. Maiden name Vianna Walker

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

16. (a) Informant Mrs. Anna Pruett

(b) Address Jonesboro, Ark.

17. (a) Burial (b) Date thereof Feb. 20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Antioch cemetery

18. (a) Signature of funeral director Chiles Und. Co.  
(b) Address Bloomfield, Mo.

19. (a) 2/28/1944 (b) Pearl Gluore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 19th  
year 1944 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 10, 1944 to Feb. 19, 1944  
that I last saw him alive on Feb. 15, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Cardiovascular Disease

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 107

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Hours of injury \_\_\_\_\_

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

Address [Address] Date signed [Date]

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

1130

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Office No. 2,  
District File Number 344-445  
Date Filed 3-9-44

**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 Deceased was not embalmed.

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, fact should be so stated above.**