

FILED APR 15 1944

Registration District No. 3188

Primary Registration District No. 6074

Registrar's No. 8

1. PLACE OF DEATH:

(a) County ST FRANCIS

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 3. yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST FRANCIS <sup>94</sup>

(c) City or town LEAD WOOD <sup>9</sup>  
(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 0

3. (a) PRINT FULL NAME JOSHUA COX

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

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....  
year..... hour..... minute..... M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JULIA COX

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MAY 22 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1943 to March 15 1944  
that I last saw him alive on 3-8 1944  
and that death occurred on the date and hour stated above.

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

69 9 23 hr. min.

Immediate cause of death Carcinoma Lung <sup>Duration 3 mo</sup>

Due to Carcinoma Lung <sup>12 mo</sup>

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

Other conditions (Include pregnancy within 3 months of death) H67

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name ABELSON JACKSON COX

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

14. Maiden name ELIZA, ISABELL, WRIGHT

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

PHYSICIAN

Major findings: Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant JULIA COX

(b) Address LEAD WOOD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN LEAD WOOD

22. If death was due to external causes, fill in the following: none

(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 J. S. Boyer

(b) Address Leadwood Mo.

19. (a) 4-7-44 (Date received local registrar) (b) J. S. Boyer (Registrar's Signature)

While at work? (Specify type of place) (c) Means of injury

23. Signature W. D. ... (M. D. or other)

Address Leadwood Mo. Date signed 3-18-44

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

74  
0  
0

RECEIVED

District Health Officer No. 4  
District File Number 444-3719  
Date Filed 4-12-44

APR 26 1944

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 Bert L. Boyer  
Licensed Embalmer No. 3645  
P. O. Address Leadwood 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.