

FILED MAY 15 1944

Registration District No. 157

Primary Registration District No. 4248

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Sarcoxie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 46 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Alexander B. Cox

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Orilla 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 1 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 22 _____ hr. _____ min.

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

10. Usual occupation Retired railroad agent

11. Industry or business Railroad

12. Name Angenel Cox

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

14. Maiden name Antoinette Edwards

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

16. (a) Informant Mrs. Orilla Cox

(b) Address Sarcoxie, Missouri

17. (a) Burial (b) Date thereof 4/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie, Missouri

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie, Missouri

19. (a) April 25 '44 (b) E. Elizabeth Coulman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Sarcoxie
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1944 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from
March 25th, 1944, to April 23rd, 1944;
that I last saw him alive on April 22nd, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death:
Congestive Heart Failure 6 days
(Passive)
Due to Chronic Myocarditis 3 yrs

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

Major findings:
Of operations _____

Of autopsy _____

Duration
6 days
3 yrs

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) Means of injury _____

23. Signature Reeds (M. D. certificate) 4/24/44
Address Reeds Date signed 4/24/44

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

44-4-363

JUL 6 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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Geo. B Orr

Licensed Embalmer No.....

946

P. O. Address.....

Mr. Vernon M

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.