No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1944

Registration District No. 924

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 15894

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
Died in Car on E. Arrow St. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 47 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 17

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 401 Nth. Jefferson 1
(If rural, give location)

(e) Citizen of foreign country? No. 2 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Leonard 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

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

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

7. Birth date of deceased Nov. (Month) 14 (Day) 1886 (Year)

8. AGE: Years 57 Months 4 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business " "

FATHER
12. Name Alson Cox
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Sarah E. Elliott
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Fannie E. Petry

(b) Address 401 N. Jefferson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/44 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Sussury

(b) Address Marshall, Mo.

19. (a) 4-13-44 (Date received local registrar) (b) Mrs T. Westhrob (Registrar's signature)

12 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1944 hour 6. minute 30 p. M.

21. I hereby certify that I attended the deceased from Viewed body April 11 1944 7 p m, 1944 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
Major findings: Of operations	
Of autopsy Yes.	

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 .....

23. Signature C. L. Lawless Coroner Saline Co. (M. D. ~~or other~~)

Address Marshall Mo. Date signed 4-12-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-12-44

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 J. Leslie Surrency

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.