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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8, 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17253

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 140

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing 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 years, months or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Milan (If outside city or town limits, write "RURAL") 105
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country 1 0

3. (a) PRINT FULL NAME CAL C COX
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August 29, 1859 (Month) (Day) (Year)

8. AGE: Years 84 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Dixon Springs Tenn (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business General Farming - Retired
FATHER
12. Name John C. Cox
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Lynch
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Sam Cox
(b) Address Milan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Oakwood Cem. Milan.
18. (a) Signature of funeral director Schoene Funeral Service
(b) Address Milan, Mo. F.D. Schoene
19. (a) 6/5/44 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 3 minute 02 P.M.
21. I hereby certify that I attended the deceased from May 16, 1944, to May 31, 1944, that I last saw him alive on May 31, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial failure	
Due to DIABETES MELLITUS	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 M. T. Gutensohn ~~(M. D.~~ or other) D.O.
Address KIRKSVILLE, MO. Date signed 5-31-44

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-44-1072
Date Filed JUN 7 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 Frank D. Schoe

Licensed Embalmer No. 2016

P. O. Address Milan, M

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

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