19560

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. Morlin

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 72

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (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) In this community Seventy Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Vernon
(c) City or town Nevada Mo (If outside city or town limits, write "RURAL")
(d) Street No. 10/15 N Clay (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Alexander Cox
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race N
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Nancy
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July (Month) 24 (Day) 1868 (Year)
8. AGE: Years 75 Months 10 Days 17 If less than one day hr. min.
9. Birthplace Metz (City, town, or county) Mo (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business General Repair Work
FATHER
12. Name Henry Cox
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Nancy White
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Lester L. Cox
(b) Address 1461 N. Hanley, U. City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 12 (Day) 44 (Year)
(c) Place: burial or cremation Newton Cemet
18. (a) Signature of funeral director Ferry Lin Home
(b) Address Nevada Mo
19. (a) 5-31-44 (Date received local registrar) (b) Hazel B Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1944 hour 1 minute 30 a M.
21. I hereby certify that I attended the deceased from Jan 12, 1944, to May 9, 1944 that I last saw him alive on May 9, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute myocardial insufficiency | 12 hrs |
| Due to Chronic myocardial degeneration | |
| Due to Arterio sclerosis | |
| Other conditions (Include pregnancy within 3 months of death) | |

93d

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F L Martin (M. D. or other) MD
Address 101½ E Cherry Date signed 5/13/44

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 5-44-672
Date Filed 6-2-44

**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~~ me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. B. Fenz

Licensed Embalmer No. 1760

P. O. Address Neosho 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.**