

FILED AUG 3 1944

Registration District No. 72

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs 8 Mo 28 days
In this community 70 YEARS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St Joseph MO
(If outside city or town limits, write "RURAL")
(d) Street No. 2602 Lafayette
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ELLIE R. COX

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

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

6. (b) Name of husband or wife SHERMAN H. COX 6. (c) Age of husband or wife if alive 13 years (Day) (Year)

7. Birth date of deceased Aug 13 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation School Teacher

11. Industry or business

MOTHER FATHER { 12. Name not given Jess Reno
13. Birthplace not given
14. Maiden name not given Elizabeth Conway
15. Birthplace not given

16. (a) Informant Record State Hospital

(b) Address St Joseph MO

17. (a) BURIAL (b) Date thereof 7-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIA CEMETRY

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 307 Jackson, St. Joseph, Mo.

19. (a) 7/26/44 (b) Nolan J. Peckle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1944 hour 3/15 minute 44 a. M.

21. I hereby certify that I attended the deceased from 7-26 1944 to July 24 1944
that I last saw her alive on July 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia due to
General debility

Due to General debility

Due to

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

Major findings: 108
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?

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

23. Signature EE Salzer (M. D. or other)
Address St Joseph MO Date signed

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

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.....

Albert E. Harrington

Licensed Embalmer No. *3258 Mo.*

P. O. Address *St. Joseph, 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.