

FILED SEP 13 1944

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 82

61
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: Manhattan Hospital
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Macon
(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 _____

3. (a) PRINT FULL NAME Lena Leaty Cox

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour 11:30 minute a M.

21. I hereby certify that I attended the deceased from 6/30/43 to 7/31/44 that I last saw him alive on 7/26/44 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Frank Cox 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 21 - 1883
(Month) (Day) (Year)

Immediate cause of death Submucous Carcinoma Duration 6 mo

Due to Metastasis from Primary Carcinoma of Cervix Uteri 1/29

Due to _____

8. AGE: Years 61 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Macon Co Mo
(City, town or county) (State or foreign country)

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death) 1/29

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Richard Teter

13. Birthplace Randolph Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Oletha Serrell

15. Birthplace Macon Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Cox
(b) Address Bever

17. (a) burial (b) Date thereof Aug 1 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Delbert Skuman
(b) Address Macon

19. (a) 8/11/44 (b) Opie B. Finkle
(Date received local registrar) (Registrar's signature)

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 P. L. Burdick, Jr. (M. D. or other) _____
Address Callao, Mo. Date signed 8/3/44

RECEIVED

District Health Officer No. 10

District File Number 9-44-1665

Date Filed SEP 12 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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon Ga

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.