. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30445

Registration District No. 25 — Primary Registration District No. 4036 — Registrar's No. 101

1. PLACE OF DEATH:

(a) County Bates Rich Hill

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

(c) Name of hospital or institution: 111 W. Olive (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates 7

(c) City or town Rich Hill Mo (If outside city or town limits, write "RURAL")

(d) Street No. 111 W. Olive 0 (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME MAX COX

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

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced S D

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

7. Birth date of deceased APRIL (Month) 6 (Day) 1930 (Year)

8. AGE: Years 14 | Months 5 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Rich Hill (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation School

11. Industry or business Student

FATHER
12. Name LEONARD A. COX
13. Birthplace KINGSVILLE (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name KATHRYN THORNTON
15. Birthplace PEARIDGE (City, town, or county) ARK. (State or foreign country) 0

16. (a) Informant Leonard A. Cox

(b) Address Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Booths

(b) Address Rich Hill Mo.

19. (a) Sept 16 1944 (Date received local registrar) (b) Mrs Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Electrocution

Due to accidental contact with

Due to Charged Wires -

Other conditions (Include pregnancy within 3 months of death) 193

Major findings: Of operations 99

Of autopsy

Duration

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) accident 067

(b) Date of occurrence 9-15-44

(c) Where did injury occur? in home - Rich Hill (City or town) (County) (State) 2

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home - Olive Street (Specify type of place)

While at work? (e) Means of injury 2

23. Signature John G Underwood (M. D. or other) Coroner Bates Co

Address Butler Mo. Date signed 9-15-44

1342

(Licensed Embalmer's Statement on Reverse Side)

REFERRED
District Health Officer No. [illegible]
District File Number 9-44-1117
Date Filed 10-5-44

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.