

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31932

Registration District No. 266

Primary Registration District No. 6225

Registrar's No. 149

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: State Hosp No 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether)
In this community 7 days (years, months or days)

2. (a) PRINT FULL NAME

CHARLES-H-COX

3. (b) If veteran,

name war no

3. (c) Social Security

No. none

4. Sex

m.

5. Color or

race wh.

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

Estella Jane Cox

6. (c) Age of husband or wife if

alive 67 years

7. Birth date of deceased

Sept 14 1872
(Month) (Day) (Year)

8. AGE:

Years 71 Months 11 Days 29 If less than one day
- hr. - min.

9. Birthplace

Hermansville (City, town, or county) mo (State or foreign country)

10. Usual occupation

farmer

11. Industry or business

none

12. Name

Wiley Cox

13. Birthplace

unknown (City, town, or county) unknown (State or foreign country)

14. Maiden name

Matilda

15. Birthplace

unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant

Records State Hosp

(b) Address

Nevada, Nev

17. (a)

buried (Burial, cremation, or removal) (b) Date thereof 9-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation

Greenwood Cem

18. (a) Signature of funeral director

Ernest J. Jones

(b) Address

El Dorado, Mo

19. (a)

9-13-44 (Date received local registrar) (b) Flazel B. Beurch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Eldorado Springs (If outside city or town limits, write "RURAL")
(d) Street No. not known (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1944 hour 9 minute 20 A M.

21. I hereby certify that I attended the deceased from Sept 6 1944 to Sept 13 1944
that I last saw him alive on Sept 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic Pneumonia

Due to

Arteriosclerotic Heart Dis.

Other conditions

Psychosis & Cerebral arteriosclerosis

Major findings:

Of operations no

Of autopsy

no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 0

23. Signature: Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed Sept

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

RECEIVED
District Health Officer No. 7,
District No. 9-44-1167
Date Filed 10-11-44

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.....

[Handwritten Signature]

Licensed Embalmer No. 3250

P. O. Address *[Handwritten Address]*

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.