

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11374

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 600

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
604 N. High St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 604 N. High St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Arthur C. Cox

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Daisy 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Dec 9 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Real Estate and

11. Industry or business Mining

MOTHER FATHER
12. Name John C. Cox
13. Birthplace Joplin Mo
(City, town, or county) (State or foreign country)
14. Maiden name Edna Sneed
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Cox
(b) Address 604 N. High St

17. (a) Burial (b) Date thereof 12-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Thornhill Dutton
(b) Address 4th Westall St

19. (a) 12-16-44 (b) Getulda Dutton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1944 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from about 4 1944 to 12-14- 1944
that I last saw him alive on 12-13- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 8 days

Due to _____

Due to 940

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

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? _____

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

23. Signature M. P. Roney (M. D. brother)
Address Joplin, Mo Date signed 12/16/44

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

44-12-1042

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 Peela Hannahill

Licensed Embalmer No. 3590

P. O. Address Spier 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.