

FILED FEB 15 1945  
Registration District No. **15**Primary Registration District No. **3004**

## 1. PLACE OF DEATH:

(a) County **Barton**  
 (b) City or town **Lamar**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**929 East 7th Street**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community **78 years**  
 years, months or days)

3. (a) PRINT FULL NAME **John William Cox**3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widowed **2 divorced widowed**6. (b) Name of husband or wife **Martha Olive Emery** 6. (c) Age of husband or wife if alive **Dec.** years7. Birth date of deceased **March 8, 1851**  
(Month) (Day) (Year)8. AGE: Years **93** Months **9** Days **27** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace **New Vienna Ohio**  
(City, town, or county) (State or foreign country)10. Usual occupation **Plasterer**11. Industry or business **Self employed**12. Name **William Cox**13. Birthplace **U. S. A.**  
(City, town, or county) (State or foreign country)14. Maiden name **Eliza Jane Templeton**15. Birthplace **U. S. A.**  
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Holt Lucas**(b) Address **929 East 7th St. Lamar, Mo.**17. (a) **Burial** (b) Date thereof **Jan. 8, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Lake Ceme, Lamar, Mo.**18. (a) Signature of funeral director **GIBSON FUNERAL HOME**(b) Address **1201 Bdwy. Lamar, Mo.**19. (a) **Jan 7, 1945** (b) **E. C. Gibson**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**  
 (c) City or town **Lamar**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **929 East 7th Street**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No.** (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **fifth**  
year **1945** hour **3** minute **30** a.m.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on **Jan 5**, 19\_\_\_\_, and that death occurred on the date and hour stated above.Immediate cause of death **Senility**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: **1628**  
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 **mb**23. Signature **C. C. Herron** ADDRESSABLE \_\_\_\_\_Address **Lamar, Missouri** Date signed **1-7-45**

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**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.....

Licensed Embalmer No..... 4137

P. O. Address. 1201 Bdwy. Lamar, 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.**

Registration District No. 15 Primary Registration District No. 300F

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME John William 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 w  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased march 8 (Month) (Day) (Year)

8. AGE: Years 93 Months 9 Days 9 If less than one day \_\_\_\_\_ min.

9. Birthplace New Martins Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business Self employed

12. Name William Cox

13. Birthplace U.S.A. (City, town, or county) (State or foreign country)

14. Maiden name Elysa Jane Templeton

15. Birthplace U.S.A. (City, town, or county) (State or foreign country)

16. (a) Informant mis Helt Lucas

(b) Address 929 E. 7th St. Lamar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 - 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Como, Lamar, Mo

18. (a) Signature of funeral director Gibson Funeral Home

(b) Address 1201 Bowry Lamar, Mo

19. (a) March 26-45 (Date received local registrar) (b) Matthe River (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton  
(c) City or town Lamar  
(If outside city or town limits, write "RURAL")  
(d) Street No. 929 E. 7th St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1945 minute 30

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ and that I last saw him \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death Senility

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 C. C. Herron (M. D. of other) M.D.  
Address Lamar, Mo Date signed Jan 8 - 45

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

TEMPORARY

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 345-372

Date Filed MAR 29 1945