7. S. No. 2
00M—2-43
ev. 5-17-39
BP-1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 74

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5297

5895

State File No.

Registrar's No. 33-3

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Rural-Jackson Twp
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MICHAEL GAIL 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 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 11 (Day) 1944 (Year)
8. AGE: Years | Months 6 | Days 26 | If less than one day hr. min.
9. Birthplace Clinton Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Gail B Cox
13. Birthplace Ray Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Wilda King
15. Birthplace Clinton Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Wilma King Cox
(b) Address Holt Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 45 (Month) (Day) (Year)
(c) Place: burial or cremation Lawson Cemetery
18. (a) Signature of funeral director Jarman - Pritchard
(b) Address Lawson Mo
19. (a) 1-11-45 (Date received local registrar) (b) Mrs A. C. Hartell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1945 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from Jan 6, 1945, to Jan 8, 1945; that I last saw him alive on Jan 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Right Bronchio-pneumonia — Septic condition — Duration
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Otelus C Bushner (M. D. or other)
Address Lawson Mo Date signed Jan 8, 1945

(Licensed Embalmer's Statement on Reverse Side)

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address St. Louis, 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.