

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1945 STANDARD CERTIFICATE OF DEATH

33313

State File No.

Registration District No. 44

Primary Registration District No. 462

Registrar's No.

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Council Mo.
(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 _____

3. (a) FULL NAME Thurston Cox

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Race White

5. Color White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca Jane Cox

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July 17 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>10</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Cox

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

14. Maiden name Unknown

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

16. (a) Informant John Cox

(b) Address Council Mo.

17. (a) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director De La Rive

(b) Address Council Mo.

19. (a) (b) (c) (d) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Council
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th
year 1945 hour 8 minute 0 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: Died Without Medical attention

Due to: Heart Attack

Duration: 95c

Survived only after being found

Physician's findings: Died in his own home

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? _____

23. Signature E. P. Michael
Address: Braymer, Mo. Date signed: 5/28/45

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

1429

(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 me

....., Registered Apprentice No. ~~2117~~

working under my personal supervision.

Signed

C. Reed

Licensed Embalmer No. 2197

P. O. Address Council, 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. 44 Primary Registration District No. 4062

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Cowgill
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Caldwell
(c) City or town Cowgill
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thurston Cox
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

Duration _____
Due to Heart attack
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

7. Birth date of deceased Feb. 17 (Month) (Day) (Year)
8. AGE: Years 72 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation Retired Farmer
11. Industry or business _____
12. Name John Cox
13. Birthplace _____ (City, town, or county) (State or foreign country) VA
14. Maiden name Smith
15. Birthplace _____ (City, town, or county) (State or foreign country)

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 E. P. Michael (M.D. or other) Cox
Address Brazner, Mo Date signed Feb 17

16. (a) Informant Jesse Cox
(b) Address Cowgill MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge
18. (a) Signature of funeral director Carl F. Reed
(b) Address Cowgill, MO
19. (a) _____ (Date received local registrar) (b) John Miller (Registrar's signature)

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

SUPPLEMENTARY

33313