S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38851

Registration District No. 374 / Primary Registration District No. 4547 Registrar's No.

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City (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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Worth 13
(c) City or town Grant City (If outside city or town limits, write "RURAL") 1
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rebecca Cox
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Aug (Month) 16 (Day) 1859 (Year)

8. AGE: Years 86 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Grant City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer and Livery man
11. Industry or business /
FATHER 12. Name George Cox
13. Birthplace Unknown 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Amelya Cox
15. Birthplace Unknown 0 (City, town, or county) (State or foreign country)
16. (a) Informant Walter Cox
(b) Address
17. (a) Grant City (Burial, cremation, or removal) (b) Date thereof 11-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Grant City Cem
18. (a) Signature of funeral director Arch C Dunlee
(b) Address Grant City, Mo. 1
19. (a) Nov-26-1945 (Date received local registrar) (b) Lettie E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19 year 45 hour minute M.
21. I hereby certify that I attended the deceased from Oct-29 1945 to 11-19 1945
that I last saw him alive on 11-19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic intestinal nephritis — Duration 5 yrs
Due to /
Due to /
Other conditions / (Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

13 1 1

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 J. Hass MD (M. D. or other)
Address Grant City Mo Date signed 11-20-45

1624

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1955

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 Jack C. Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.