

Registration District No. 157 Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage - Marion
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McCune-Brooks 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day
(Specify whether years, months or days)

In this community 3 years

3. (a) PRINT FULL NAME Betty Jo Cox

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 3 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 11 15 hr. min.

9. Birthplace Rogers Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Alvis Cox

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

14. Maiden name Ruby Dodson

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

16. (a) Informant Mr. Alvis Cox

(b) Address Carthage Rt #4.

17. (a) Burial (b) Date thereof 2-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Dman Cemetery

18. (a) Signature of funeral director Ed C. Ulmer

(b) Address Carthage, Missouri.

19. (a) 2-19-46 (b) H. B. Clenton, D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural - Marion
(If outside city or town limits, write "RURAL")

(d) Street No. Carthage, Rt 4.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1946 hour 12:15 minute a.m.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: *Post Traumatic Shock.*

Due to: *Being Run Over by a Car and Bringing Chest, Shoulders and Head and*

Other conditions: *Chest Pain - the same way*

Major findings: *of heart attack*

Of operation: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *Accident '49*

(b) Date of occurrence *2/17/46*

(c) Where did injury occur? *Kanington & Jasper Mo*

(d) Did injury occur in or about home, or farm, in industry, place, in public place? *Home - Run over by Car*

While at work? *no* (Specify type of place)

(e) Means of injury *Car*

23. Signature *H. W. Berghel* (M. D. or other)
Address *2114 Joplin* Date signed *2/19/46*

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

MOTHER FATHER

46-2-193

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 *John Stephen Rennek*
Licensed Embalmer No. *4194*
P. O. Address *Carthage, 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.