No. 2
—2-43
-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6082

Registration District No. 26 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Derfelt Hospital
(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: 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

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

(d) Street No.: Route 1.
(If rural, give location)

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

If yes, name country: No

3. (a) PRINT FULL NAME: Leona May Cox

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Fem

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: May 26, 1926.
(Month) (Day) (Year)

8. AGE: Years 19 Months 7 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace: Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: student

11. Industry or business:

FATHER
12. Name: Earl Cox
13. Birthplace: Des Moines Iowa.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Katy Willcutt
15. Birthplace: Knoxville Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: Earl Cox
(b) Address: Route 1, Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 16, 46
(Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin Mo.

19. (a) 1-15-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 14, day 1946 year ..... hour 11-30 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from 1-3-46, 19..., to 1-14-46, 19 46 that I last saw him alive on 1-14-46, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	3 days
Due to Generalized peritonitis	11 days
Due to Ruptured gangrenous appendix	11 days.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Ruptured gangrenous appendix

Of autopsy:

12/12

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: 2

23. Signature: R. A. Mahoney (M. D. or other) Do

Address: Joplin, Mo Date signed: 1/14/46

137 (Licensed Embalmer's Statement on Reverse Side)

46-1-67

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 Perry F. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.