

FILED MAY 09 1946

Registration District No.

Primary Registration District No. 5390

Registrar's No.

30

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

1. PLACE OF DEATH:

(a) County DENT
(b) City or town RURAL - Spring Creek Imp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(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 MISSOURI (b) County DENT 33:
(c) City or town RURAL 0:
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR SALEM, Mo 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH COX

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W?
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 11 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 2 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business _____
12. Name NO RECORD
13. Birthplace NO RECORD
(City, town, or county) (State or foreign country)
14. Maiden name NO RECORD
15. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Jelden
(b) Address SALEM, MISSOURI

17. (a) BURIAL (b) Date thereof 4/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STAGNER CEM.

18. (a) Signature of funeral director Carl J. Spener
(b) Address SALEM, MISSOURI

19. (a) 4-24-46 (b) M. M. Daryl, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13
year 1946 hour 2:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from Aug 11 1946 to April 11 1946
that I last saw him alive on April 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of stomach
Duration 1 1/2 hrs

Due to _____

Due to Chronic Hypertension
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy H&K

Duration
1 1/2 hrs

4 cc
5-1/2 hrs

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Hunt (M. D. or other) _____
Address Salem, Mo Date signed 4/14/46

RECEIVED

District Health Officer No. 5,

District No. 546330

Date Filed 5. 6. 46

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.