

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

12992

State File No. \_\_\_\_\_

STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1946  
Registration District No. 274

Primary Registration District No. 5562

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Iron  
(b) City or town Pilot Knob  
(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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47  
(c) City or town Pilot Knob 6  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Margaret Cox

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem / 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William Cox 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 2 1865  
(Month) (Day) (Year)

8. AGE: Year 81 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stanton Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Samuel Phillips

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Serena Seaton

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Cox

(b) Address Middlebrook Missouri

17. (a) burial (b) Date thereof 4-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address 4-10-46 Ironton Missouri

19. (a) 4-10-46 (b) Mrs. Ann Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1946 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 16, 1946, to April 3, 1946; that I last saw her alive on April 3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy Duration 30 min.

Due to Arterial hypertension 5 yrs.  
Arterial sclerosis 10 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy g. b. a. 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 1

23. Signature Bruce Bull (M. D. or other) M.D.

Address Ironton, Mo. Date signed 4-8-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
11893

RECEIVED

District Health Officer No. 4  
District File Number 546-2126  
Date Filed 5-9-46

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 Arnel J. White

Licensed Embalmer No. 3012

P. O. Address Durham N.C.

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.