

**FILED** MAY 2 1946

Registration District No. **179**

Primary Registration District No. **5667**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County LINCOLN  
(b) City or town RURAL (BEDFORD TWP)  
(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

3. (a) PRINT FULL NAME John Wesley Cox

3. (b) If veteran, name war World War I 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased MAY 28 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 10 23 hr. min.

9. Birthplace LINCOLN Co. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM.

12. Name CLAUDE COX

13. Birthplace LINCOLN Co. MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH ELLEN COLBETT

15. Birthplace LINCOLN Co. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs ROSE COX (WIFE)

(b) Address Troy, Missouri

17. (a) BUTIAL (b) Date thereof April 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Alexandria, Lincoln Co.

18. (a) Signature of funeral director Herbert Funeral Home

(b) Address Troy, Missouri

19. (a) 4-30-46 (b) Mr. Emma B. Riddle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN ST  
(c) City or town RURAL (BEDFORD TWP) 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 10 1946 to April 22 1946  
that I last saw him alive on Apr 21 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach.  
Due to \_\_\_\_\_

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

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

Major findings: Of operations U/S  
Of autopsy \_\_\_\_\_

Duration

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) (c) Means of injury \_\_\_\_\_

23. Signature H. S. Harris (M. D. or other) \_\_\_\_\_  
Address Troy Mo. Date signed 4-22-46

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

MAY 16 1948

MAY 23 1948

MAY 20 1948

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**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..... *Joseph J. Marsh*  
Licensed Embalmer No. *3932*  
P. O. Address..... *Troy, Me.*

**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.**