S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15763

FILED JUN 10 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 583

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yr 5 mo 12 da (Specify whether
In this community 8 yr. 5 mo. 12 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray 81
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GERALD G. D. Cox (Jerry)
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Wor
6. (b) Name of husband or wife Cordelia Cox (Neal)
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Aug (Month) 1 (Day) 1889 (Year)

8. AGE: Years 58 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Mo Caldwell Co (City, town, or county) (State or foreign country)
10. Usual occupation Farm Labor
11. Industry or business
FATHER
12. Name Erick Cox
13. Birthplace ----- Va (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Martin
15. Birthplace ------ Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Cordelia Cox
(b) Address Richmond Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof May 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memo Park Cem
18. (a) Signature of funeral director Stone Funeral Home
(b) Address St Joseph Mo
19. (a) May 20 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1946 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Mch 1, 1946, to May 15, 1946 that I last saw him alive on May 14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of lungs	sudden
Due to Pulmonary T B	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 hr	
Of autopsy	

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
23. Signature L. L. Shuck (M. D. or other) MD
Address State Hosp. # 2 St. Joseph Date signed 5/16/46

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(Licensed Embalmer's Statement on Reverse Side)

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 Roy Stamer

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.