No. 2
1—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19804

FILED JUL 29 1946

Registration District No. 5290

Primary Registration District No. 5290

Registrar's No. 51

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Kearney Rural
(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 Mo (b) County Clay 24
(c) City or town Kearney Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucy D. Cox
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife N. S. Cox
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov (Month) 23 (Day) 1870 (Year)

8. AGE: Years 75 Months 7 Days If less than one day hr. min.

9. Birthplace Harrison Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name John A. Smith
13. Birthplace (City, town, or county) NY (State or foreign country)
MOTHER
14. Maiden name Martha Davis
15. Birthplace (City, town, or county) Va (State or foreign country)
16. (a) Informant N. S. Cox
(b) Address Kearney Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cem
18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo
19. (a) June 25, 1946 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1946 hour 9 minute 20 P. M.
21. I hereby certify that I attended the deceased from May 1946 to June 23 1946 that I last saw her alive on June 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure Landry's Ascending Paralysis
Due to Chronic Rheumatoid Arthritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 590

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? (Specify type of place)
While at work (e) Means of injury
23. Signature Cletus E. Buehn MD (M. D. or other)
Address Lawson Mo. Date signed June 25, 1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 7-3-46

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 Leonard Frey

Licensed Embalmer No. 1677

P. O. Address Kearney 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.