

FILED AUG 12 1946

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 67

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Canton
(c) Name of hospital or institution: Canton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town Canton
(d) Street No. 500 White St.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME George Lee Cox
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12
year 1946 hour 6 minute 15 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mary Catherine DeVilbis
(c) Age of husband or wife if alive years
7. Birth date of deceased: June 13 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 20, 1945 to July 11, 1946;
that I last saw him alive on July 11, 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Purpura Arteria Duration _____

8. AGE: Years 77 Months 0 Days 29
If less than one day hr. min.

Due to respiration became unresponsive to treatment since May 14/46
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Irvin Cox
13. Birthplace Kentucky
14. Maiden name Sarah Eliza Finley
15. Birthplace Lewis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G.L. Cox
(b) Address Canton, Mo.

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? _____

17. (a) Burial (b) Date thereof July 14, '46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ten Mile Cemetery
18. (a) Signature of funeral director Paul H. Dinkler
(b) Address Canton, Mo.
19. (a) 7-23-46 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature Sam J. Buchanan (M. D. or other) DO
Address Canton, Mo. Date signed 7/14/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District No. 8-46-1460
AUG 10 1946

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 Earl H. Buckley
Licensed Embalmer No. 2615
P. O. Address Canton, 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.