

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29314
Registrar's No. _____

Registration District No. 341 Primary Registration District No. 6151a

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural (Elk)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard / 102
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 4 Dexter, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marvin Cox
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 1
year 1946 hour 10 minute 30 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 30, 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 5, 1944 to July 19, 1946;
that I last saw him alive on July 19, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Dementia and
enteritis Duration _____

8. AGE: Years Months Days If less than one day
26 7 2 hr. min.

Due to _____
Due to _____
Other conditions Dementia Proseca
(Include pregnancy within 3 months of death)

9. Birthplace McNair County Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings: _____
Of operations _____
Of autopsy 12 Nov
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Hubert Cox
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Fronie Washam
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Cox
(b) Address Dexter, Mo. R. F. D. #4
17. (a) Burial (b) Date thereof 8-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bernie Cemetery

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? _____

18. (a) Signature of funeral director Strickland-Rainey
(b) Address Dexter, Missouri
19. (a) 9/4-1946 (b) Margaret Pruitt
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2
23. Signature F O Kelley (M, D or other)
Address Bernie Mo Date signed 8 8 46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
28152

RECEIVED

District Headquarters Office No. 2,

District File Number 946-1080

Date Filed 9-9-46

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 _____

Licensed Embalmer No. 3479

P. O. Address Sept., 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.