S. No. 2
M—5-43
v. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30670

Registration District No. 156 Primary Registration District No. 200 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2602 Joplin St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 49
(c) City or town Joplin, Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2602 Joplin St. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs Claudia Ethel Cox
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 23 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
63	4	18	hr. min.

9. Birthplace Mound Valley Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Henry Hogue /
13. Birthplace South Bend Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Frances Ellen Hogue
15. Birthplace South Bend (City, town, or county) Indiana (State or foreign country) /
16. (a) Informant Mrs Chris McDonald
(b) Address 2602 Joplin St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mem. Cem.
18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 W 4th St Joplin.
19. (a) 8-12-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 11 day 11
year 1946 hour 7.30 A.M. minute M.
21. I hereby certify that I attended the deceased from 1940, 19 to Aug 11, 1946
that I last saw her alive on Aug 11, 1946
and that death occurred on the date and hour stated above, just died
Immediate cause of death when I arrived

	Duration
Lupus Vulgaris (5 or 6 yrs.)	
Due to of head	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) 5
While at work? (e) Means of injury
23. Signature Lill L. Neff (M. D. or other) M.D.
Address Joplin Mo. Date signed 8/11/46

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(Licensed Embalmer's Statement on Reverse Side)

46-8-751

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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin 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.