S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1946

State File No. 32658

Registration District No. 15 — Primary Registration District No. 3004 — Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Barton

(b) City or town: Lamar (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 701 Broadway (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton 6

(c) City or town: Lamar 1 (If outside city or town limits, write "RURAL")

(d) Street No.: 701 Broadway 1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: Lula Belle Cox

3. (b) If veteran, name war: XXXXXXXX

3. (c) Social Security No.: XXXXXXX

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: George M. Cox

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: February (Month) 23 (Day) 1877 (Year)

8. AGE: Years 69 | Months 7 | Days 18 | If less than one day: X hr. X min.

9. Birthplace: Christian County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Andrew Benton Patterson 1
13. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Ellen Woods
15. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Blanche Graham

(b) Address: Oklahoma City, Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 24 '46 (Month) (Day) (Year)

(c) Place: burial or cremation: Springfield, Missouri

18. (a) Signature of funeral director: Gibson Funeral Home

(b) Address: 1201 Bdwy. Lamar, Missouri

19. (a) October 23, 1946 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st year 1946 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from September, 1946, to 21st Oct, 1946 that I last saw her alive on 21 Oct, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, bronchial	12 hrs
Due to: Hypertensive Arteriosclerotic heart disease.	10 yrs
Due to: Arteriosclerosis	15 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

93D

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 0

23. Signature: James A. Atkins (M. D. or other)

Address: Lamar, Mo Date signed: 22 Oct 46

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 6,
District File Number 1146-1114
Date Filed NOV 6 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 [signature]

Licensed Embalmer No. 2299

P. O. Address Lamar 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.