

S. No. 2
M-9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37938

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
114 North Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

(c) City or town Louisiana
(If outside city or town limits, write "RURAL")

(d) Street No. 114 North Main
(If rural, give location)

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

If yes, name country:

3. (a) PRINT ~~NAME~~ FULL NAME Emma Stella Cox

3. (b) If veteran, name war No.

3. (c) Social Security No. 490-05-3783

4. Sex Fem. 5. Color or race W.

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

6. (b) Name of husband or wife Albert Cox

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased November 11 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Pleasant Hill, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Hwf. & Button Factory worker

11. Industry or business Home & Nord Pearl Button Co.

MOTHER FATHER

12. Name Thomas Higgins

13. Birthplace ? ? 9
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Gibson
(City, town, or county) (State or foreign country)

15. Birthplace ? ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Cox

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof II/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery
Haley Mortuary

18. (a) Signature of funeral director Louisiana, Missouri

(b) Address 11/16/46

19. (a) 11/16/46 (b) Bernice Coelin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1946 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from, 19....., to, 19.....
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma

Due to Carcinoma uterus

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... H&B

Of autopsy.....

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?
2

23. Signature Emil T. Meyer (M.D. or other) 2
Address Louisiana, Mo. Date signed.....

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

36755

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Health Officer No. 10
District File Number 12-46-2266
Date Filed DEC 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 *George O. Wagner*
.....
Licensed Embalmer No. *3773*

P. O. Address *Louisiana, Me*

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.