S. No. 2
OM—5-43
v. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38025

Registration District No. 294 Primary Registration District No. 4440 Registrar's No. 245

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Renick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Renick
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME ERNEST Ellisworth COX
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Div M
6. (b) Name of husband or wife Allie L Cox
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 3 (Month) 8 (Day) 1871 (Year)

8. AGE: Years 75 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Lebanon Ohio (City, town, or county) / (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Peter Cox
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elvina Beck
15. Birthplace Kent Ohio (City, town, or county) (State or foreign country)
16. (a) Informant William E Cox
(b) Address 400 Taylor St. Topeka Kans Box 803
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland
18. (a) Signature of funeral director Fred A Shipman
(b) Address Madison Mo.
19. (a) Nov 23-46 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1946 hour minute 5P M.
21. I hereby certify that I attended the deceased from Nov 1, 19 46, to Nov 23, 19 46 that I last saw him alive on Nov 23, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration 15 min
Due to
Due to
Other conditions Cancer liver — 6 mo
*(Include pregnancy within 3 months of death)
Major findings:
Of operations No
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. C. Griffith (M. D. or other)
Address Moberly Mo Date signed 11/24/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 19-46-2199
Filed DEC 2 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 G. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.