

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1608**
Registrar's No. **11**

Registration District No. **164** Primary Registration District No. **30-3-2 5601**

1. PLACE OF DEATH:
(a) County **Johnson**
(b) City or town **Rural Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rfd 3 Warrensburg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **1 Mo.** years, months or days)

3. (a) PRINT FULL NAME **Linda Lue Cox**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 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 **Nov. 29 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 24 hr. min.

9. Birthplace **Warrensburg Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation.....
11. Industry or business **none**

MOTHER FATHER
12. Name **Roy M. Cox**
13. Birthplace **Johnson Co Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Martha Bratton**
15. Birthplace **Johnson Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy M. Cox**
(b) Address **Warrensburg**
17. (a) Burial (b) Date thereof **1-25-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director **Sweeney Phillips**
(b) Address **Warrensburg Mo**
19. Jan. 25, 1947 (Date received local registrar) (b) *Sarah Ann Phillips* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Johnson**
(c) City or town **Warrensburg Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **rfd. 3 Warrensburg**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **23**
year **1947** hour **11** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Jan. 23**
1947 to **Jan 23** 19**47**
that I last saw her alive on **Jan 22** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive pulmonary**
vascular insufficiency
Due to **prematurity**
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
157E
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?

While at work?..... (Specify type of place)
(c) Means of injury.....
Signature *Sweeney Phillips* **M. D.** (M. D. or other)
address **Warrensburg Mo.** Date signed.....

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

57
0
0

147

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.....

J. Carl Priest

..... Licensed Embalmer No. **9878**

..... P. O. Address **Warrensburg 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.