S. No. 2
1—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 10 1947
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17237
Primary Registration District No. 3023
Registrar's No. 131

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

1. PLACE OF DEATH:

(a) County: Henry
(b) City or town: Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nelson Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Entire
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St Clair
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. East of Lowry City Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Edith Clare Good
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Fe
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Anderson B. Cox
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 10 (Month) 7 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	23	hr. min.

9. Birthplace: Douglas Co. Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

MOTHER
12. Name: Samuel Newton Perry
13. Birthplace: Cortland Co. New York
(City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Amanda Frances Powell
15. Birthplace: Buchanan Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ronald Cox
(b) Address: Star Route Lowry City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-3-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Lanaham Cemetery
18. (a) Signature of funeral director: [signature]
(b) Address: Clinton Mo.
19. (a) 6-2-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31
year 1947 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 5-1-47, 19..., to 5-31, 1947; that I last saw her alive on 5-31, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute impetigo	2 da
Due to: Nephritis & uremia	6 Mo
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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. H. Walker (M. D. or other) M.D.
Address: Clinton Mo. Date signed: 6-1-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 5-47-683

Date Filed 6-2-47

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 Fred Wilkinson Jr. 434 .... F. L. Schuberg ...., Registered Apprentice No. 464, working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.