

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17781

State File No. _____
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Johns Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution dead on arrival
(Specify whether)
In this community 51 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 44
(c) City or town Joplin
(If outside city or town limits, write "RURAL") 2
(d) Street No. 2811 Sergeant Ave
(If rural, give location) 5
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emmett S. Gox
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 1st year 1947 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him Red hat attend alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Linnie
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased March 6 1894
(Month) (Day) (Year)

Immediate cause of death Coronary Arteriosclerosis
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
53 1 25 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Miami Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business carpenter
12. Name John Thomas Gox
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Stevens
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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 name of place) _____
(e) Means of injury _____

16. (a) Informant Linnie Gox
(b) Address 2811 Sergeant Ave
17. (a) burial (b) Date thereof May 3-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Thornhill-Dillon Joplin, Missouri
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 5-2-47 (b) Colores Lampkins
(Date received local registrar) (Registrar's signature)

21. Signature A. H. Kerfelt or other _____
Address 5114 Joplin Date signed 5/3/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

47-5-435

JUN 6 1947

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 *Chas. M. Perry*.....

Licensed Embalmer No. *3566*.....

P. O. Address *Jeppin Missouri*.....

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.