

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED AUG 18 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27451

State File No. _____

Registration District No. 123

Primary Registration District No. 5457

Registrar's No. 66

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Willard Mo R1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Care township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 54 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Willard Mo R1
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Care township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ber W. Cox

3. (b) If veteran, name war No

3. (c) Social Security No. NIS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July - 13
1947 to July - 13 19 47
that I last saw him alive on July - 13 19 47
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 Jessie Wright Cox

6. (c) Age of husband or wife if alive 52 years
18 - 1893
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris
of Pain
Due to (Complained in left side to)
shoulder + left arm
Due to Fell from his chair in yard
Dead

Duration _____

8. AGE: Years 54 Months 4 Days 25
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 194B

Of operations _____

Of autopsy _____

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

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Tractor operator

11. Industry or business Greene County Mo

12. Name H. R. Cox

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

14. Maiden name Fernie Sneed Cox

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

16. (a) Informant Mrs Jessie Cox

(b) Address Willard Mo R1

17. (a) Burial (b) Date thereof July-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesley Chapel Church

18. (a) Signature of funeral director Gene A. Yarn

(b) Address Walnut Grove Mo

19. (a) July-15-47 (b) Nelson M. Murray
(Date received local registrar) (Registrar's signature)

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 J. J. Jarboe MD. (M. D. or other) _____
Address Walnut Grove Mo Date signed 7-14-47

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

RECEIVED

Greene County Health Office,

County File Number 47-8-13

Date Filed 8-14-47

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.....

Ray Miller
.....
working under my personal supervision.

Registered Apprentice No. 459

Signed *Gene A. Brown*
.....

Licensed Embalmer No. 2664

P. O. Address *Walnut Grove 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.