No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31821

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 330

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 605 Collier St. /
(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 1½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 605 Collier St. 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country --

3. (a) PRINT FULL NAME STEPHEN A. COX
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Margaret
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased January (Month) 6 (Day) 1860 (Year)

8. AGE: Years 87 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Fort Madison, Iowa (City, town, or county) / (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Samuel Cox 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Annie (?)
15. Birthplace Unknown / (City, town, or county) (State or foreign country) 7
16. (a) Informant Mrs. Harry Clark (daughter)
(b) Address Louisiana, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery
18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Missouri
19. (a) 9-18-47 (Date received local registrar) (b) Dr. R. M. Lucke (Registrar's signature) 199

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1947 hour 8 minute 55A. M.
21. I hereby certify that I attended the deceased from June 3, 1947, to 17 Sept, 1947
that I last saw him alive on 16 Sept, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Carcinoma of lip —
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 45A
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 0

23. Signature M. J. Roller (M. D.)
Address Hannibal, Missouri Date signed 17 Sept/47

(Licensed Embalmer's Statement on Reverse Side)

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, ~~xxxxx~~

, ~~xxxxxxxxxxxxxxxx~~,

work~~xxxxxxxxxxxxxxxxxxxxxxxxxx~~.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.