S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35318

FILED OCT 29 1947
Registration District No. [illegible]

Primary Registration District No. 4428

Registrar's No. 60

1. PLACE OF DEATH:

(a) County: Platte
(b) City or town: Weston (If outside city or town limits, write "RURAL" and name of township) weston
(c) Name of hospital or institution: no (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution: no (Specify whether years, months or days) In this community: entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Platte 83
(c) City or town: Weston (If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 6
If yes, name country

3. (a) PRINT FULL NAME: Edward Cox Newton
3. (b) If veteran, name war: xx
(c) Social Security No.: xx
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fannie M. Pulley
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: July (Month) 22 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71	3	4	hr. min.

9. Birthplace: Winthrop (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Blacksmith
11. Industry or business:
FATHER 12. Name: Thomas Benton Cox
13. Birthplace: xx (City, town, or county) Irland (State or foreign country) 4
MOTHER 14. Maiden name: Louisa Wells
15. Birthplace: xx (City, town, or county) Irland (State or foreign country) 4
16. (a) Informant: Earl Newton
(b) Address: Platte City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Graceland Cemetery
18. (a) Signature of funeral director: Vaughn Funeral Home
(b) Address: Weston, Missouri
19. (a) Oct 5-47 (Date received local registrar) (b) Mrs. Ophia Rogers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 26th year: 1947 hour: 5 minute: a. M.
21. I hereby certify that I attended the deceased from April 9, 47, to Sept. 26, 1947, that I last saw him alive on Sept. 25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis, mitral regurgitant murmur	2 yrs.
Due to: Arteriosclerosis	5 yrs.
Due to: Senility	
Other conditions: xxxx (Include pregnancy within 3 months of death)	

Major findings: Of operations: xxxxx
Of autopsy: xxxxx

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

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify): xxxx
(b) Date of occurrence: xxxx
(c) Where did injury occur? xxxxx (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? xxxxxx
While at work? xxxxx (Specify type of place) (e) Means of injury: 0
23. Signature: Lewis C. Calvert (M. D. or other)
Address: Weston Missouri Date signed: 10/1/47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

AUG 8 1959

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.