

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.....

FILED JAN 17 1948

Registration District No. 786

Primary Registration District No. 2001

Registrar's No.....

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 To 2 Pearl
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Seneca 1
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country.....

3. (a) PRINT FULL NAME Mary E Cox

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William D Cox 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 24th 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>14</u> hr. min

9. Birthplace Newton County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Wiley Marney 4

13. Birthplace Ireland 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Liles 2

15. Birthplace Newton County Missouri 3
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pate Donaldson

(b) Address 702 Pearl St; Joplin Mo.

17. (a) Burial (b) Date thereof 11-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornet Cemetery

18. (a) Signature of funeral director Hurlbut Mortuary

(b) Address Joplin Mo.

19. (a) 11-8-47 (b) Stolar Sampson
(Date received local registrar) (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1947 hour 10 minute 10P M.

21. I hereby certify that I attended the deceased from Aug 23
1947 to Nov. 7 1947
that I last saw her alive on Nov. 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pneumonia 10-12 hr
sh Cardio-renal disease years

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

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.....

Signature Jalchenour (M. D. or other) 11/8/47

Address Joplin Mo Date signed.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

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 *Perry K. Hurlbert*

Licensed Embalmer No. 959

P. O. Address *Joseph M. Co*

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.