

Registration District No. **257**

Primary Registration District No. **5880**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage *Crawford Mo*

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

(c) Name of hospital or institution: R. F. D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage *76*

(c) City or town Linn *R. F. D. 7*
(If outside city or town limits, write "RURAL") *0*

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME EMMA LEMMA F. MELINE Cox

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1947 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from December 14, 1946 to December 25, 1947
that I last saw her alive on December 23, 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife W. J. Cox

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Jan 17 1978
(Month) (Day) (Year)

Immediate cause of death Hemorrhage cerebral *11 days*

Due to myo carditis chronic *1 year*

Due to Cystitis chronic *2 mo*

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

Major findings:
Of operations none

Of autopsy none

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

8. AGE: Years 69 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Freedom Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James O. Rhoades

13. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Edith Bumble

15. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. J. Cox

(b) Address Linn, Mo R. D.

17. (a) Burial (b) Date thereof 12-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Useful Cemetery

18. (a) Signature of funeral director Clayde M. Mott

(b) Address Linn Mo

19. (a) 12/29/47 (b) Edith Bumble
(Date received local registrar) (Registrar's signature) 935

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 B. J. M. Mott (M. D. or other)

Address Linn Mo Date signed 12-29-47

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

MOTHER FATHER

Date Filed 1/15/48
District File Number

District Health Officer No. 9,

RECEIVED

JAN 29 1948

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 Vernon M. Morton

Licensed Embalmer No. 1125

P. O. Address Levin

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.