

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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

16275

FILED JUN 12 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2264

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Hampton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

John M Cox

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Claudine Cot
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 2 25 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 5
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Jacob Porter Cox
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hill
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Claudine Cot
(b) Address Hamilton MO
17. (a) Burial (b) Date thereof 5/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton MO

18. (a) Signature of funeral director Stine-McClure
(b) Address T. C. Stine
19. (a) 5-31-48 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Hamilton MO
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1948 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from Pathologist, 19 1948, to 1948,
that I last saw him alive on 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chromia & Heart failure
Due to Rheumatic Heart Disease
Due to & Embolic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95b
Of autopsy same

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?

While at work? (Specify type of place) Means of injury C
23. Signature J. C. N. [Signature] (M. D. or other)
Address St. Luke's Hospital Date signed 5/31/48

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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.