

FILED MAY 24 1948

Registration District No. 278

Primary Registration District No. 5776

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural Washington Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Harris (If outside city or town limits, write "RURAL") 105
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME VIOLA E. COX

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Robt M. Cox 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 17 1868 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Elias Waller
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Bryan
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. E. Cooper
(b) Address Princeton Mo

17. (a) Burial (b) Date thereof May-8-1948 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (c) Place: burial or cremation Judson

18. (a) Signature of funeral director Charles Payne
(b) Address Newtown Mo.

19. (a) 5-8-48 (b) M. J. Rutz (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1948 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from July 12, 1947 to May 6, 1948
that I last saw her alive on May 6 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion due to cardio vascular renal degeneration with special reference to the degree of arterial involvement, had a previous coronary July 12, 1947
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NONE

Of autopsy NONE

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. St. Burt (M. D. or other) MSD
Address Princeton Mo Date signed 5/7/48

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

500

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

E. T. Howard Gull

Licensed Embalmer No.

05240

P. O. Address

Here town

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.