

No. 2  
5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20524  
Registrar's No. 120

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(c) Name of hospital or institution St. Joseph's Hospital  
(d) Length of stay: In hospital or institution 4 mo  
In this community 4 mo

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Lincoln  
(c) City or town Elabery  
(d) Street No. 0  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME EDWARD COX  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Mar 23 1879

8. AGE: Years 29 Months 3 Days 13  
If less than one day hr. min.

9. Birthplace Elabery Mo

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Henry T. Cox

13. Birthplace Virginia

14. Maiden name Orrenda R. Parsons

15. Birthplace Mo

16. (a) Informant James Cox

(b) Address Elabery, Mo.

17. (a) Burial (b) Date thereof 7-7-48

(c) Place: burial or cremation Corinth Cem.

18. (a) Signature of funeral director Clifton Miller

(b) Address Elabery, Mo.

19. (a) 7-6-48 (b) Faive Hamilton

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day sixth  
year 1948 hour 12:30 minute A M.  
21. I hereby certify that I attended the deceased from March 21,  
1948 to July 6  
that I last saw him alive on July 6  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Stomach  
Duration 6 mo  
Due to 46 B  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Carcinoma of cardia of stomach (Resected)  
Of operations 5/1/48  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(b) Date of occurrence None  
(c) Where did injury occur? (City or town) (County) (State) None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? (Specify type of place) (e) Means of injury None  
23. Signature B. L. Neubauer (M. D. or other) MD  
Address St. Charles, Mo. Date signed 7/6/48

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

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RECEIVED  
District Health Officer No. 9,  
District File Number  
JUL 14 1948  
Date Filed

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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.....  
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.)**

101 If this body is not embalmed, fact should be so stated above.