

FILED AUG 5 1948
Registration District No. 30

Primary Registration District No. 4038

State File No. 22131
Registrar's No. 19

1. PLACE OF DEATH:
(a) County BENTON
(b) City or town WARSAW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
In this community 3 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BENTON
(c) City or town WARSAW
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1948 hour 2 minute 15 A.M.

4. Sex FEMALE 5. Color or race white
6. (a) Single, widowed, married, divorced WIDOWED
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased JULY 31 1917
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 30 May 1948 to 25 July 1948
that I last saw her alive on 16 July 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 11 Days 25
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Duration 1 Hr.

9. Birthplace RAYTOWN MO
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to Cerebral Arteriosclerosis AND Hypertension UNK.
Due to _____

11. Industry or business Home
12. Name James McKeeney
13. Birthplace Baltimore Md.
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations none SBW
Of autopsy none

14. Maiden name Sarah Stearns
15. Birthplace Baltimore Md.
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS ESTEL KINKAD
(b) Address WARSAW, MO
17. (a) BURIAL (b) Date thereof July 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Place: burial or cremation South West City Limits
18. (a) Signature of funeral director John F. Reser
(b) Address WARSAW, MO
19. (a) July 28 1948 (b) James A. Logan
(Data received local registrar) (Registrar's signature)

(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 work) (Means of injury)
23. Signature David H. Stensa (M. D. or other) M.P.
Address Warsaw, Missouri Date signed 26 July 48

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

MOTHER FATHER

DEC 21 1949

RECEIVED
District Health Officer No. 7,
District File Number 7-48-874
Date Filed 8-2-48

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.....

John F. Gasev

Licensed Embalmer No. 4098

P. O. Address..... Warsaw

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.