No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39115

FILED DEC 13 1948

Registration District No. 348

Primary Registration District No. 6173

Registrar's No. 3-9

1. PLACE OF DEATH:
(a) County Sullivan Co
(b) City or town Humphreys Rural — (If outside city or town limits, write "RURAL" and name of township) - Bowman
(c) Name of hospital or institution: — (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 Sullivan 105
(c) City or town Humphreys Mo. Rural (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 LENA 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 Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. 28 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	0	5	hr. min.

9. Birthplace Grundy Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation House & Home work
11. Industry or business "
FATHER
12. Name Wiley Kirk
13. Birthplace Mercer Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Bransfield
15. Birthplace Mercer Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Elvin Cox
(b) Address Galt Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Galt
18. (a) Signature of funeral director P K Payne & Son
(b) Address Galt Mo
19. (a) Dec 6-48 (Date received local registrar) (b) Greta Caldwell (Registrar's signature) 318

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1948 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from 11-28- 1948 to 12-3- 1948 that I last saw her alive on 12-1- 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death LYMPHATIC LEUKEMIA ACUTE	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 740	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm A Tuson (M. D. or other) WD
Address TRENTON MO Date signed 12-4-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-48-214
Date Filed DEC 10 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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.