FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42195

Registration District No. 340 — Primary Registration District No. 3075 — Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether In this community 3/11/21 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Dexter Mo. (If outside city or town limits, write "RURAL") 3

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Homer Lee Cox

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 12 (Day) 1944 (Year)

8. AGE: Years 3 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Essex Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Lee Cox
13. Birthplace New Madrid, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Arville DeJournett
15. Birthplace Essex Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Bertha DeJournett

(b) Address Dexter Mo. R.1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/48 (Month) (Day) (Year)

(c) Place: burial or cremation Idalia Cemetery

18. (a) Signature of funeral director Watkins FunSer. Inc

(b) Address Dexter, Mo.

19. (a) 12-8-48 (Date received local registrar) (b) Velma V. Jenkins (Registrar's signature) 409

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd year 1948 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from December 1, 1948 to December 3, 1948, that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	24 hrs
Due to: Bronchial infection & Croup	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 10 b

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 Dr H C Poe (~~M. D. or other~~) D.O.

Address Dexter Date signed [illegible]

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

RECEIVED
District Health Office No. 2
District File Number 1248-16
Date Filed 12-14-4

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 Not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter Mo

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.