

FILED JUN 5 1946

State File No. _____

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 94

1. PLACE OF DEATH

(a) County HENRY
 (b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY
 (c) City or town MT. ZION
(If outside city or town limits, write "RURAL")
 (d) Street No. OSAGE TWP
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

NOLAN K. COX
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced ✓
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased DEC 6 - 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>5</u>	<u>5</u>	hr. min.

9. Birthplace CLINTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name JOHN COX
 13. Birthplace ST. CLAIR Co. MO
(City, town, or county) (State or foreign country)
 14. Maiden name LORENA RAY
 15. Birthplace BANTON CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant John Cox
 (b) Address Bramington Mo. P.M.

17. (a) Burial (b) Date thereof 5-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt zion cemetery

18. (a) Signature of funeral director W. J. Wadsworth

(b) Address Clinton 749

19. (a) 6-13-46 (b) W. K. Kemley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
 year 1946 hour 12:40 minute P. M.
 21. I hereby certify that I attended the deceased from 18-April to 11-May 1946
 that I last saw him alive on 11-May 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
 Due to Whooping cough

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations A

Of autopsy _____

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 W. J. Smith (M. D. or other) _____

Address Clinton, Mo Date signed 12-27-46

Duration 28-16 days
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
MAY 21 1925
5-46-495
6-4-46
Date filed

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..... *W. J. Vansant*
Licensed Embalmer No..... *3779*
P. O. Address..... *Clinton*

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.