JAN 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45623
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 406
(b) Township — Primary Registration District No. 55601 — Registered No. 23
(c) City Twin Groves. — (d) Street No. 12 mi N. on Main St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm Joseph Cox
(a) Residence, No. — St.
(Usual place of abode, if no street address, write county or city) 33 yrs (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Cox
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4, 1861
7. AGE YEARS 76 MONTHS 8 DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Missouri

FATHER
13. NAME Wm R. Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Sarah Holloway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Family Emma Cox Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE 12-23-37
19. FUNERAL DIRECTOR (ADDRESS) Hurlbut Und Co Joplin Mo.
20. FILED Dec 23 1937 C W Roney Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937, to Dec 21, 1937
I last saw him alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:
1 Arterial sclerosis
2
3

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Clyde B Shaugler M. D.
(Address) Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Spangler

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Steve Parker

Licensed Embalmer No. 25478

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.)