DEC'D MAR 20 1939

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

6851
Do not use this space.

2

1. PLACE OF DEATH
(a) County JASPER Registration District No. 411
(b) Township GALENA 1 Primary Registration District No. 2002 Registered No.
(c) City JOPLIN (d) Street No. 303 N. MOFFET 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 Edward Cox
(a) Residence, No. 303 N. MOFFET St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LILLIAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jul 11, 1871
7. AGE: YEARS 67 MONTHS 7 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MASTER MECHANIC
9. Industry or business in which work was done, as saw mill, bank, etc. CITY OF JOPLIN
10. Date deceased last worked at this occupation (month and year) OCT. - 1938
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield MO

FATHER
13. NAME Media Cox.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER
15. MAIDEN NAME Sarah Messemore.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) MRS LILLIAN COX 303 N. MOFFET
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairview DATE 2-15-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURLBUT UND CO 212 JOPLIN ST. JOPLIN MO
20. FILED 2-14, 1939 Ed D Jones Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939, to Feb. 13, 1939
I last saw him alive on Feb. 13, 1939. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. myocarditis | ? |
| 121 | |
| Other contributory causes of importance: Chr. Inst. nephritis | ? |

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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? .....
If so, specify .....
(Signed) J. Achenowitz, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-624

Date Filed MAR 11 1939

**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. Steve Parker

Licensed Embalmer No. 2548

P. O. Address Gilmore

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**