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.

REC'D MAR 16 1939

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

7469
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis
(b) Township [illegible]
(c) City Sedalia
(d) Street No. RFD # 2 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.

Registration District No. 668 5887
Primary Registration District No. 3-0-39
Registered No. 57

2. PRINT FULL NAME Samuel Jackson Cox
(a) Residence, No. R. F. D. # 2 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Cox
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2, 1856
7. AGE: YEARS 82 MONTHS 9 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Clay County, Missouri

FATHER
13. NAME: Issac M. Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fleming County, Kentucky

MOTHER
15. MAIDEN NAME: Mary E. McGee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Glen Cox, R. F. D. # 2, Sedalia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: Feb. 17, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gillespie Funeral Home, Sedalia, Missouri
20. FILED 2-16- 1939 Mrs Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from JAN 28, 1939, to FEB 15, 1939
I last saw him alive on FEB 15, 1939. Death is said to have occurred on the date stated above, at 2:00 P. m.
The principal cause of death and related causes of importance were as follows:

Cardiac decompensation with edema

93C

Date of onset

Other contributory causes of importance:
Chronic myocarditis
Chronic Bronchitis

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) Gordon Stauffacher, M. D.
906 (Address) Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3/6/39
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, L. E. Bouldin, or by

Registered Apprentice No....., working under my personal supervision.

Signed L. E. Bouldin

Licensed Embalmer No. 3867

P. O. Address Sedalia Mo

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

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