V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10950

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 239

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days) 2000

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits write "RURAL")
(d) Street No. 2015 N. Summit
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME JOHN H. COX
8. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 10 (Day) 1862 (Year)

8. AGE: Years 77 Months 8 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Ind (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business Second Hand Furniture
FATHER
12. Name Wm Cox
13. Birthplace (City, town, or county) Ind (State or foreign country)
MOTHER
14. Maiden name Hattie White
15. Birthplace (City, town, or county) Ill (State or foreign country)
16. (a) Informant Richard Cox
(b) Address Springfield, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director J W Kingner & Co
(b) Address Springfield Mo. 20A
19. (a) 3/8/40 (Date received local registrar) (b) Chas. A. George M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day March year 1940 hour 12 minute 20 A M.
21. I hereby certify that I attended the deceased from 2/15/40, 19__, to 3/6, 1940 that I last saw him alive on 3/5, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach primary	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to 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 C. Max Sitel (M. D. or other) M.D.
Address Springfield Mo Date signed 3/6/40

(Licensed Embalmer's Statement on Reverse Side)

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 William Max Rhodes

Licensed Embalmer No. 407

P. O. Address Bunny Field

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, above space should be left blank.