

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 866

Primary Registration District No. 6146

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Current twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXX 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX  
(Specify whether \_\_\_\_\_)

In this community all her life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town XX Current Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. XXX  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? XXXX years.

3. (a) PRINT (Mrs. Della H. Cox)  
FULL NAME Mrs Isaac F Cox 2nd

3. (b) If veteran, name war XXX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day March  
year 1940 hour 2 minute X P.M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Isaac F COX

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased June 9 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 10  
March 6, 1940, to March 6, 1940;  
that I last saw her alive on Mar 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid

8. AGE: Years 54 Months 8 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Shannon Co Mo  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation housewife

11. Industry or business XXX

MOTHER { 12. Name John F Howell

FATHER { 18. Birthplace Shannon Co Mo  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Sally Cox

FATHER { 15. Birthplace Shannon Co Mo  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature J F Cox

(b) Address Cedar Grove Mo

17. (a) burial (b) Date thereof Mar 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jadwin Mo

18. (a) Signature of funeral director X X 785

(b) Address \_\_\_\_\_

19. (a) March 15 1940 (b) Maggie E Murphy  
(Date received local registrar) (Registrar's signature)

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 Lester Kauder (M. D. or other) MD

Address Ludwig 540 Date signed \_\_\_\_\_

March-15-1940

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.

**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.....

Embalmed under my personal supervision.

**RECEIVED**  
District Health Officer No. 55,

District File Number 440 412

Date Filed 11/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.