

SEP 19 1940 328  
Registration District No. 328

Primary Registration District No. 5460

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

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Trenton, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME CHARLES COX JR

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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 2 1954  
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington Co Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Not known  
13. Birthplace England 4  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Not known  
15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Cox

(b) Address Trenton, Mo

17. (a) Burial (b) Date thereof July 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plain View, Chula, Mo

18. (a) Signature of funeral director E. P. Roberson

(b) Address Trenton, Mo

19. (a) 7-5-40 (b) Gene D. Jain  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Trenton, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Farmerville  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
year 1940 hour 8 minutes 25 P. M.

21. I hereby certify that I attended the deceased from March 17th, 1940 to July 3, 1940  
that I last saw him alive on July 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 3 months  
Due to Chronic Myocarditis 15 yrs.  
Due to \_\_\_\_\_

Other conditions Arteriosclerosis  
(Including pregnancy within 3 months of death)  
Chronic Nephritis

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

28. Signature Dr. M. J. ... (M. D. or other) MD.  
Address Chula, Mo. Date signed 6-5-40

USE NON-FADING BLACK INK—MAKE A PERMANENT RECORD

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. 11,  
District File Number 940-1323  
Date Filed SEP 9 1940

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 E. J. Robertson  
Licensed Embalmer No. 2465  
P. O. Address Fairfax, Va

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.