

No. 2
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17-39
X23189

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

RECEIVED FEB 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4661

Registration District No. 887

Primary Registration District No. 6138

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Robertson
(c) Name of hospital or institution: Spokane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____ all of life
years, months or days)

3. (a) PRINT FULL NAME GEORGE ALBERT COX

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 Widowed

6. (b) Name of husband or wife Mary Jane Cox 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov. (Month) 16 (Day) 1861 (Year)

8. AGE: Years 78 Months 11 Days 22 If less than one day hr. _____ min. mo 0

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Christopher C. Cox

13. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mrs. Ernest Keeney

(b) Address Success, Mo

17. (a) Burial (b) Date thereof 11/11/40 (Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Rak Hill

18. (a) Signature of funeral director Rayford V. Elliott

(b) Address Houston, Mo.

19. (a) Jan. 24, 40 (b) Julia Keeney (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Robertson (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1940 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from OCT 29 1940 to NOV 9 1940 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION Duration _____

Due to ACUTE CHOLECYSTITIS

Due to _____

Other conditions SENILITY (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? Yes

(Specify type of place) _____ (e) Means of injury _____

23. Signature J. M. Sullivan (M. D. or other) M.D.

Address Houston Mo Date signed 11/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 241256

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, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Ms

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, fact should be so stated above.