

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10408**

Registration District No. **201** Primary Registration District No. **5280 3112** Registrar's No. **23**

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty
(c) Name of hospital or institution: 428 E. Simpson St
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 1
(Specify whether In this community 20 years years, months or days)

3. (a) PRINT FULL NAME Lena May Cox
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry Cox **6. (c) Age of husband or wife if alive** 70 years
7. Birth date of deceased Feb 19 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business
12. Name Newry F. Wendels
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wendels
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith Matisman
(b) Address 428 E. Simpson Liberty Mo
17. (a) Burial (b) Date thereof Mar 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Funeral Home Liberty Mo
18. (a) Signature of funeral director John C. Anderson
(b) Address Liberty - Mo
19. (a) Mar. 7 1941 (b) Helen Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 428 Simpson
(If rural, give location)
(e) If foreign born, how long in U. S. A. 50 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 5
year 1941 hour 4 minute 0 P.M.
21. I hereby certify that I attended the deceased from Mar 5 1941 to Mar 5 1941;
that I last saw her alive on Mar 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack
Due to Myocardial Stenosis
Due to Renal Arteriosclerosis
Other conditions g2. P
(Include pregnancy within 3 months of death)
Major findings: —
Of operations —
Of autopsy —

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?
At home (Specify type of place) (e) Means of injury —
23. Signature Burton Malby (M. D. or other) M.D.
Address Liberty Mo **Date signed** 3-3-41

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. 8,
District File Number
Date Filed 4-10-41

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 Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty Mo

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.