

FILED DEC 10 1941

Registration District No. **702**

Primary Registration District No. **4423**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Fair Play, Mo.**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Polk**
(c) City or town **Fair Play**
(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.

3. (a) PRINT FULL NAME

George W. Cox,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced: **married**

6. (b) Name of husband or wife **AVA COX** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 19 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 7 hr. min.

9. Birthplace **Darlington, Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Milton Cox,**
13. Birthplace **Ind.**
(City, town, or county) (State or foreign country)
14. Maiden name **Cathrine Largen,**
15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ava Cox**
(b) Address **Fair Play, Mo.**

17. (a) **Burial** (b) Date thereof **11-28-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Weaubleau, Mo.**

18. (a) Signature of funeral director **Barber & Ewing**
(b) Address **Fair Play, Mo.**

19. (a) **12-1-41** (b) **L. H. Smith**
(Date received local registrar) (Registrar's signature)

651 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **26**
year **1941** hour **5** minute **A** M.

21. I hereby certify that I attended the deceased from **Sep 25** 19**41**, to **Nov 26** 19**41**, that I last saw him alive on **Sep 25** 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia** Duration **1 week**

Due to **Bed confinement ## following hemiplegia (R) and prostatic hypertrophy**

Other conditions # **137a**
(Include pregnancy within 3 months of death)

Major findings: # **137a**
Of operations _____
Of autopsy **None**

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) (Means of injury)

23. Signature **Chas H. Barber** (M. D. or other) # _____
Address **Fair Play Mo** Date signed **12-2-41**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1983

Date Filed 12-8-41

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 William B. Edwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.