

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7213

State File No.

FILED MAR 16 1942
Registration District No.

Primary Registration District No. 3027

Registrar's No. 20

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

1. PLACE OF DEATH: Macon
(a) County.....
(b) City or town.....
(c) Name of hospital or institution: 1
(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 Bidgy 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 Stewart Cox
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov 10 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 13
If less than one day hr. min.

9. Birthplace Macon Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business.....

12. Name William Cof
13. Birthplace Macon Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Jane Miles
15. Birthplace Macon Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Stewart Cox
(b) Address Macon Mo

17. (a) burial (b) Date thereof July 26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Cem

18. (a) Signature of funeral director Orlent Skupnie

(b) Address Macon Mo

19. (a) 3/10/42 (b) Jora B. Hunter
(Date received local registrar) (Registrar's signature)

10-11 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon Co
(c) City or town Macon
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1942 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 13, 1942 to Feb 23, 1942
that I last saw her alive on Feb 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and Bronchopneumonia
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 33a

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?

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

23. Signature J.P. Fenwick (M.D. or other) 0
Address Macon Mo Date signed 3/10/42

Duration
4 weeks
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-42-423

Date Filed MAR 11 1942

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 Albert Skinner

Licensed Embalmer No. 737

P. O. Address Macon, Ga.

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.