

FILED APR 18 1942 7

Registration District No. \_\_\_\_\_

Primary Registration District No. 4403

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Phelps

(c) Name of hospital or institution: Rural Route No. 1  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, month or days)

In this community \_\_\_\_\_ (Specify whether years, month or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Route No. 1, Phelps  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME George Arch Cox

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Beada Cox

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 18, 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

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

MOTHER FATHER

12. Name George Taylor Cox

13. Birthplace Phelps Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Anderson

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

16. (a) Informant Mrs Beada Cox

(b) Address Rural Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Wishon Ave.

18. (a) Signature of funeral director W. J. Fullerton

(b) Address Phelps Mo

19. (a) 3/29-42 (Date received by registrar) (b) W. J. Fullerton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1942 hour 1 minute 9 A. M.

21. I hereby certify that I attended the deceased from Feb 10 to March 28, 1942;  
that I last saw him alive on Feb 24, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy No

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 \_\_\_\_\_

23. Signature C. H. Fulton (M. D. or other) \_\_\_\_\_

Address Phelps Mo Date signed 3/28/42

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

**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.....

*S. L. [Signature]*

Licensed Embalmer No.....

*3394*

P. O. Address.....

*Rolla 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, fact should be so stated above.**