

1. PLACE OF DEATH:

Mercer

(a) County Mercer
(b) City or town Mercer
(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 85 years 4 Mo. 13 days
years, months or days)

3. (a) PRINT FULL NAME John Preston 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 Married

6. (b) Name of husband or wife Sarah Cox. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec. 3 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 13 hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business

MOTHER FATHER
12. Name William Cox
13. Birthplace Ken.
(City, town, or county) (State or foreign country)
14. Maiden name Delila Grubb
15. Birthplace Ken.
(City, town, or county) (State or foreign country)

18. (a) Informant Alpe Cox

(b) Address Mercer Mo.

17. (a) Burial (b) Date thereof 4/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girdner Cemetery (Mercer Co.)

18. (a) Signature of funeral director C. O. Brunkie

(b) Address Lineville Iowa

19. (a) April 21, 42 (b) Jessie Alley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65
(c) City or town Mercer 0
(If outside city or town limits write "RURAL") 5
(d) Street No. _____ (If rural, give location) 15
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 6 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from April 12, 1942 to April 15, 1942
that I last saw him alive on April 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial nephritis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 [Signature] (M. D. or _____)
Address Mercer Mo Date signed 4/17/42

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, ~~and~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Amos L. Greenlee

Licensed Embalmer No.

3967

P. O. Address

Merion 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.