

STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1942

State File No. ....

Registration District No. 431

Primary Registration District No. 5595

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg, Simpson 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  
In this community 5 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51  
(c) City or town Rural  
(d) Street No. Simpson Township  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Millie Ellen Cox

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married. 2 divorced widowed  
6. (b) Name of husband or wife James H. Cox 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased February 17, 1864  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 21 If less than one day  
hr. min.

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

10. Usual occupation Farm wife

11. Industry or business

12. Name Fielden Andrew Wells  
13. Birthplace Kentucky  
14. Maiden name Mary Barnett  
15. Birthplace Kentucky

16. (a) Informant Mrs. Chas. Knight  
(b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof July 10, 1942  
(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director J. J. Wilentz  
(b) Address Warrensburg Mo

19. (a) July 9-1942 (b) Leola M. Williams  
(c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1942 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from June 6, 1942 to July 8, 1942  
that I last saw him or her alive on July 7, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Cardiac Vascular disease, senility.

Due to 131A

Other conditions: (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?  
(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. J. Garrison (M. D. or other) Address Warrensburg Mo Date signed 7-8-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

51  
0  
0

1001

RECEIVED

District Health Officer No. 8.

District File Number \_\_\_\_\_

Date Filed 8-5-42

**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. 3557

working under my personal supervision.

Signed Samuel G. Hines

Licensed Embalmer No. 3557

P. O. Address Sector 100

**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.**