

FILED SEP 22 1942

Registration District No. 8

Primary Registration District No. 3007

Registrar's No. 301

12
7
3

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Paplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Paplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Robert Franklin 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 Minnie Cox 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Johnson Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Alfred K. Cox

13. Birthplace Johnson Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hodge

15. Birthplace Johnson Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. T. Cox

(b) Address Paplar Bluff Mo.

17. (a) Burial (b) Date thereof 9-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cadogan Cemetery

18. (a) Signature of funeral director Black's Mortuary

(b) Address Caring Ark.

19. (a) 9-15-42 (b) Belle Kime
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Butler
(c) City or town Paplar Bluff Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1942 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 11
to Sept 15 1942
that I last saw him alive on Sept 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angermyer Gall Hadd's
x peritonitis

Due to _____
Due to 1276'

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) no
(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 other) _____
Address Paplar Bluff Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 942-1210

Date Filed 9-21-42

MAR 22 1944

MAR 20 1944

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 Leslie D. Russell
Licensed Embalmer No. 3855
P. O. Address Corning Ark.

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.