

Registration District No. 268

Primary Registration District No. 5405

Registrar's No.

1. PLACE OF DEATH:

(a) County Femiscot

(b) City or town Portageville, Missouri, rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway 61
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About twenty years (Specify whether years, months or days)

In this community About twenty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alton Greenville Cox

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Sept II 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Dallas Texas
(City, town, or village) (State or foreign country)

10. Usual occupation labor

11. Industry or business

12. Name Silas Cox

13. Birthplace unknown 9
(City, town, or village) (State or foreign country)

14. Maiden name Betty Henderson

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

16. (a) Informant Wife

(b) Address Sikeston

17. (a) Burial (b) Date thereof Aug 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Orville Taylor

(b) Address Sikeston Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1942 hour 3 A.M. minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Injuries Duration

received in auto

Due to Crash on County

Due to line S. of Portageville

Mo. on highway 61

Other conditions (Include agency within 3 months of death)

Major findings Head instantly PHYSICIAN

Of operations Car struck bridge

Of autopsy 1706-80

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 27 1942

(c) Where did injury occur Portageville, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public, state highway
(Specify type of place) (e) Means of injury Auto

23. Signature John V. Moore (M. D. or other)

Address Ray Mo Date signed 9/2/42

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

X26390

OCT 16 1942

OCT 23 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 Wallace N. Fitch

Licensed Embalmer No. 3857

P. O. Address Poplar Bluff, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31005
Registrar's No.

Registration District No. 268

Primary Registration District No. 5905

1. PLACE OF DEATH:

(a) County Pemisscat
(b) City or town Rural
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Alton H. 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 M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 11 1942
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7/20/42 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 12 Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

