

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 12 1943

Registration District No. 178049

Primary Registration District No. 9024

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Howard,

(b) City or town Fayette,
(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 years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,

(c) City or town Fayette; 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 _____

3. (a) PRINT FULL NAME Martha Ann Cox,

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

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

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

7. Birth date of deceased August 12th 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Missouri At home,
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Dudley Hullett.

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

14. Maiden name Francis Batton,

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

16. (a) Informant Nellie Fay, Cox.

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 1-23rd 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Guy T. Halley,

(b) Address Fayette, Mo.

19. (a) 1-21-43 (b) Ernest W. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1943 hour 3:30 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 12 1943 to Jan 20 1943
that I last saw h. alive on 1-20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus

Due to Chr. Hypertension 10 yrs

Due to Arteriosclerosis 10 yrs

Other conditions Diabetes 15 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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) Means of injury _____

23. Signature W. Bloom (M. D. or other) M.D.

Address Fayette Date signed 1-22-43

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

MOTHER, FATHER

RECEIVED

District Officer No. 8,

District File Number

Date Filed

2-12-43

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

Licensed Embalmer No.

P. O. Address

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.