

FILED MAR 10 1943  
Registration District No. 19432

Primary Registration District No. 3021

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town Trenton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wright Hospital  
(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 Baby Missouri (b) County Mercer  
(c) City or town Princeton, Mo. Rural  
(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..... day.....  
year..... hour..... minute..... M.

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

that I last saw her alive on Feb. 22  
and that death occurred on the date and hour stated above.

Immediate cause of death Head injury due to forceps. Duration

Due to.....

Due to.....

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?..... (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 A. S. Bristow (M.D. or other) M.D.

Address Princeton, Mo. Date signed Feb. 25-43

3. (a) PRINT FULL NAME Doris Jean 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, Single

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

7. Birth date of deceased..... Feb. 22 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
..... hr. 30 min.

9. Birthplace Grundy Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Albert Cox.

13. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Patricia Graham

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

16. (a) Informant Albert Cox

(b) Address Mercer, Mo.

17. (a) Burial (b) Date thereof 2-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middle Point

18. (a) Signature of funeral director Mathew Funeral Home

(b) Address Princeton, Mo.

19. (a) Feb. 27, 1943 (b) L. Roberts  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

65

1

1

1

1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

M.D.

Feb. 25-43

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**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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *H. Dean Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Princeton, 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.**