

Registration District No. 114

Primary Registration District No. 4186

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(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 70 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Cox

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased August 11, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Shaffer

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

14. Maiden name Sarah Bennett

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

16. (a) Informant Minnie Cox

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof July 8, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director W. P. Shaffer

(b) Address Sullivan, Missouri.

19. (a) 7/8/43 (b) Gilbert Gillous
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1943 hour 5 minute 35 P. M.

21. I hereby certify that I attended the deceased from June 22, 1943 to July 6, 1943
that I last saw her alive on July 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 4 yrs.

Due to _____

Due to _____

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

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) (Specify means of injury)

23. Signature J. P. A. H. Karver Date signed 7/12/43
Address Sullivan, Mo.

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

36
4
0

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 Edgar W. Laffoon
Licensed Embalmer No. 3394
P. O. Address Sullivan, 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, above space should be left blank.