

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH SERVICES

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 170

Primary Registration District No. 5635

Registrar's No.

1. PLACE OF DEATH:

(a) County Wacleda

(b) City or town Rural-Union township
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wacleda

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

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

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

3. (a) PRINT FULL NAME Mary Elizabeth Cox

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1943 hour 2:30 minute A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George H. Cox

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

7. Birth date of deceased January - 27 - 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 21 1943 7-24 1943
that I last saw her alive on about 06-1 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 5 Days 27
If less than one day X hr. X min.

Immediate cause of death Cancer of breast

Due to

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

Due to

Other conditions 50
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business Home

Of autopsy

12. Name Thomas W. Mc Dowell

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

13. Birthplace Todd County, Kentucky
(City, town, or county) (State or foreign country)

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

14. Maiden name Permelia Wiley

(b) Date of occurrence

15. Birthplace Madison County, Kentucky
(City, town, or county) (State or foreign country)

(c) Where did injury occur? (City or town) (County) (State)

16. (a) Informant Ernest R. Cox

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(b) Address Conway, Mo.

While at work? (Specify type of place) (e) Means of injury 0

17. (a) Removal (b) Date thereof 7-26-'43
(Burial, cremation, or exposure) (Month) (Day) (Year)

23. Signature J. W. Lindsay (M. D. or other MD)
Address Conway Date signed 7-28-43

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

23. Signature J. W. Lindsay (M. D. or other MD)
Address Conway Date signed 7-28-43

18. (a) Signature of funeral director W. J. Jolley

23. Signature J. W. Lindsay (M. D. or other MD)
Address Conway Date signed 7-28-43

(b) Address Marshfield, Mo.

23. Signature J. W. Lindsay (M. D. or other MD)
Address Conway Date signed 7-28-43

19. (a) Aug. 1-43 (b) Ernest R. Cox
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Lindsay (M. D. or other MD)
Address Conway Date signed 7-28-43

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

53
0
0

MOTHER FATHER

Received AUG 5 1943
Laclede County Health Unit
File No. 7-43-~~28~~ 28
Date Filed AUG 6 1943

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 Tex J. J. J. J. J.
Licensed Embalmer No. 3312
P. O. Address Marshfield, 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.