

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 150

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:  
1320 Summit St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 37 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy  
(c) City or town TRENTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1320 Summit St  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Everett Roy Cox

3. (b) If veteran, name war - 3. (c) Social Security 500-07-5558

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

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

7. Birth date of deceased July 3 1905  
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 0 If less than one day - hr. - min.

9. Birthplace Imperial County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Filling Station Employee

11. Industry or business oil Company

12. Name Edward Cox

13. Birthplace Harrison County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Maude Russell

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

16. (a) Informant Thornton Cox  
(b) Address Trenton, Mo.

17. (a) burial (b) Date thereof 11-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madeleine

18. (a) Signature of funeral director Wm. Eugene Horn  
(b) Address Trenton, Mo.

19. (a) 11-12-43 (b) L. J. Roberts  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1943 hour 8:45 minute 5 M.

21. I hereby certify that I attended the deceased from Oct 30 1943 to Nov 30 1943 that I last saw him alive on Nov 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days

Due to Do not know

Due to -

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy None

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 name of place) (e) Means of injury -

23. Signature Oliver R. O'Leary (M.D. or other) M.D.  
Address Trenton, Mo. Date signed Nov 30 1943

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

MOTHER FATHER

1830

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.....

*Myself*, Registered Apprentice No.....  
working under my personal supervision.

Signed *Royce O. Lewis*

Licensed Embalmer No. *3424*

P. O. Address: *Drenton 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.**