

Registration District No. **187**

Primary Registration District No. **5694**

**1. PLACE OF DEATH:**  
(a) County **District**  
(b) City or town **Chillicothe**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Gravel**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life** \_\_\_\_\_ (Specify whether)  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Mo** (b) County **District**  
(c) City or town **Chillicothe**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural Chillicothe Township**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Sterling P Cox**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Nov** - day **17**<sup>th</sup>  
year **1943** hour **4** - minute **6** A.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Maudie Cox** 6. (c) Age of husband or wife if alive **66** years  
7. Birth date of deceased **Nov - 17 - 1861**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **June 4 1943** to **Nov 17 1943**  
that I last saw him alive on **Nov 13 1943**  
and that death occurred on the date and hour stated above.

**8. AGE:** Years **82** Months **-** Days **-** If less than one day **-** hr. **-** min.

Immediate cause of death **Myocardial Infarction** Duration \_\_\_\_\_  
Due to **Vascular Hypertension**

9. Birthplace **Gravel Mo**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **92f**

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Isom Cox (son of)**

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

14. Maiden name **Elizabeth Littlepage**

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

16. (a) Informant **Manford S. Cox**

(b) Address **Chillicothe Mo**

17. (a) **Burial** (b) Date thereof **Nov-19-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Anderson Farm**

18. (a) Signature of funeral director **James D. Gordon**

(b) Address **Chillicothe Mo**

19. (a) **Nov 18 - 43** (b) **hau Ekka Curry**  
(Date received local registrar) (Registrar's signature)

**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) (e) Means of injury   
23. Signature **Chillicothe Mo** (M. D. or other) **11-18-1943**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

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

Signed.....

*James D Gordon*

Licensed Embalmer No. *1870*

P. O. Address *Lehillicothe 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.**