

Campbell
10331
State File No. _____
Registrar's No. 61

FILED APR 12 1946
Registration District No. 279

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 30 yrs
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

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

(d) Street No. 1907 So. Quincy
(If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL K. COX

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 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 March 1 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 27
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business R.R. Shop

MOTHER FATHER

12. Name Hardin Cox

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

14. Maiden name Martha Brown

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

16. (a) Informant Mrs. Julia Cole

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 3/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia

19. (a) 3-6-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 1st. 1945 to Feb. 28 1946
that I last saw him alive on Feb 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Indigestion
Cardiac insufficiency
General debility
Advanced age

Due to _____

Due to _____

Other conditions
(Includes pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations 3

Of autopsy 95

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 work) (a) Nature of injury

23. Signature A. G. Campbell, M.D.
Address Sedalia, Mo. Date signed 3-2-46

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 4-10-46

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 Geo. Dickerson

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.