S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32592

FILED NOV 12 1946

Registration District No. 1

Primary Registration District No. 3002

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 504 South Calhoun /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 504 South Calhoun 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alvin Andrew Cox

3. (b) If veteran, name war none

3. (c) Social Security No. 491-05-5880

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 December (Month) 10 (Day) 1897 (Year)

8. AGE: Years 48 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Grinder, Dry Press

11. Industry or business A.P. Green Fire Brick Co

FATHER
12. Name Charles Henry Cox
13. Birthplace Lincoln County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy E. Barnes
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Betty Mae Cox
(b) Address Mexico, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 31-46 (Month) (Day) (Year)

(c) Place: burial or cremation Benton City Cemetery

18. (a) Signature of funeral director Earl E. Prutz
(b) Address Mexico, Missouri

19. (a) October 31-46 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 ~~30~~th year 1946 hour about 5 minute P M.

21. I hereby certify that I attended the deceased from Coroners Case, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death The deceased died suddenly in bed unattended No marks of violence or evidence of foul play had a history of a heart condition. Nature of condition unknown had not been attended by a physician.

Due to

Due to

Other conditions history of an examination for the army and rejected on

(Include pregnancy within 3 months of death)

Major findings: Of operations a fast heart.

Of autopsy None

Duration

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? — (Specify type of place)

While at work? no (e) Means of injury none 3

23. Signature S. C. Adams Coroner (M. D. or other)

Address Mexico, Mo Date signed 10-30-46

9

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 0 1940

RECEIVED
District Health Officer No. 10
District File Number 10-46-00453
Date Filed NOV - 8 1946

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Missouri

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.