

FILED DEC 11 1946

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Madison
(b) City or town 3 miles south of Liberton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town 3 miles south of Liberton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLEY COX.

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex M 5. Color or race BLACK 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased About 1870
(Month) (Day) (Year)

8. AGE: Years About 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farm Labor.

11. Industry or business unk.

12. Name unk.

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

14. Maiden name unk.

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

16. (a) Informant Jay Little.

(b) Address Liberton, Mo. R3.

17. (a) Burial (b) Date thereof 11-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberton County.

18. (a) Signature of funeral director New Madrid - Mo.

(b) Address New Madrid - Mo.

19. (a) 12-2-46 (b) Helen Louise Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1946 hour 4:30 minute _____ p. M.

21. I hereby certify that I attended the deceased from 2, 1946, to 2, 1946;
that I last saw h. alive on 2, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death No. Medical Attendant.
by all means death
Due to was due to
Cancer of stomach
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46
Of autopsy No.

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 3
23. Signature Dr. H. J. Smith (M.D. or other) Coroner.
Address New Madrid, Mo. Date signed 11/20/46

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

36618

RECEIVED

District Health Office No. 2

District File Number 1246-1409

Date Filed 12-5-46

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.

Not Embalmed,

Signed.....
L. H. [Signature]

Licensed Embalmer No.....

P. O. Address.....

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.