

FILED MAR 14 1947

State File No.

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 293

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
State Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 1 mo. 25 days
(Specify whether years, months or days)

In this community 1 year 1 month 25 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES MONROE COX

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2
year 1947 hour 1 minute 25 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Sarah Ann Cox

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

7. Birth date of deceased 2-21-1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-15-1947 to 3-1-1947

that I last saw him alive on 3-1-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Dyspnoea Pneumonia Duration 5 days

8. AGE:	Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>11</u>		hr. _____ min. _____

Due to Retardation 10 years

Due to

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

Other conditions Psychosis 2 years
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:
Of operations

11. Industry or business Agriculture

Of autopsy Q7

12. Name James Coloway Cox

13. Birthplace Wash North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Phyllis Rose

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

16. (a) Informant J. M. Cox

(b) Address Chula Missouri

17. (a) Burial (b) Date thereof Mar 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laredo, Mo.

18. (a) Signature of funeral director Stalter Neierhoffer

(b) Address 1916 Colhoun St., St. Joseph, Mo.

19. (a) March 4, 1947 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

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 Q7

23. Signature Forest Thomas (M. D. or other)

Address State Hospital No. 2 Date signed 3-2-47

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

MOTHER FATHER

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 *Albert E. Harrington*
Licensed Embalmer No. *3258 Mo.*
P. O. Address *St. Joseph, 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.