

**FILED FEB 19 1947**  
Registration District No. 377

Primary Registration District No. 4360

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

**1. PLACE OF DEATH:**

(a) County New MADRID

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 15 YEARS  
years, months or days

**3. (a) PRINT FULL NAME** MARY A. COX

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

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife George B. Cox 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 3 1871  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>75</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace GRAND TOWER I.L.I.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name DONT KNOW 9

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

14. Maiden name DONT KNOW 9

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

16. (a) Informant Georgia Cox

(b) Address Portageville Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb 2 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation DEXTER MO

18. (a) Signature of funeral director Deagle Funeral Parlor

(b) Address Portageville Mo

19. (a) 2-2-47 (Date received local registrar) (b) Ellen Deagle (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County New MADRID

(c) City or town PORTAGEVILLE  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 31 year 1947 hour 11 minute 55A M.

21. I hereby certify that I attended the deceased from Jan 29, 1947, to Jan 31, 1947 that I last saw her alive on Jan 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 da.

Due to Hypertension 7

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy 4A

**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 John J. Williams (M. D. or other) Address Portageville Mo Date signed 2-1-47

RECEIVED

District Health Office No. 2,

District File Number 247-255-

Date Filed 2-17-47

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

*Joseph G. DeHuse*

Registered Apprentice No. 488

working under my personal supervision.

Signed *Leonard W. Vary*

Licensed Embalmer No. 4336

P. O. Address *Castagnerville 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.