

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17106
Registrar's No. 423

FILED JUN 9 1947
Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Burger-Connelly Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution unknown (Specify whether
 In this community Unknown (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. Burger-Connelly Nursing Home
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY COX
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife W. A. Cox
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased August 9, 1862
 (Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 11
 If less than one day hr. _____ min. _____

9. Birthplace Monroe County, Tennessee
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Home

MOTHER FATHER
 12. Name O. M. Dixon
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Rhea
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Burger-Connelly Nursing Home
 (b) Address Springfield, Missouri
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/1947
 (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri
 19. (a) 5-24-47 (Date received local registrar)
 (b) DR. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20, year 1947 hour 1: minute 45 A.M.
 21. I hereby certify that I attended the deceased from 4-3 1947 to 5-20- 1947
 that I last saw h. alive on 5/19/ 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Hypertension
 Duration 4 yrs
 Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: AM
 Of operations _____
 Of autopsy _____
 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)
 (c) Means of injury _____
 23. Signature C. E. Zeller (M. D. or other)
 Address Springfield, Mo. Date signed 5/21/47

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

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.....

Ed Mason....., Registered Apprentice No. *477*
working under my personal supervision.

Signed..... *Jewell E. Mendel*.....

Licensed Embalmer No. *2831*.....

P. O. Address *Springfield 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.