

S. No. 2
 12-45
 5-17-39
 PI X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20558

State File No. _____
 Registrar's No. 595

FILED JUL 11 1947
 Registration District No. 128

Primary Registration District No. 2000

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

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:
St. Johns Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 2 weeks
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene 39
 (c) City or town Springfield 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 637 West State Street 6
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME MA TILDA J. COXX
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 3;
 year 1947 hour 8 minute 15 AM

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife D. W. Reginald Cox
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased August 11, 1884
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/17 1947 to 7/3 1947
 that I last saw her alive on 7/2 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>22</u>	____ hr. ____ min.

Immediate cause of death
Carcinoma of Cervix
generalized multiple metastases
 Due to _____
 Duration 2-3 yrs.

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

Due to _____
 Other conditions ~~_____~~
 (Include pregnancy within 9 months of death)

10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Samuel M. Young
 13. Birthplace Greene County, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Judith Weaver
 15. Birthplace Greene County, Missouri
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations 48 A
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant D. W. Reginald Cox (husband)
 (b) Address 637 West State Street, City
 17. (a) Burial (b) Date thereof 7/6/1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Park Cemetery

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) _____
 Means of injury _____

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri
 19. (a) 7-6-47 (b) W. E. Handley M.D.
 (Date received local certifier) (Registrar's signature)

23. Signature W. E. Handley (M. D. or other) M.D.
 Address Springfield, Mo. Date signed 7/6/47

1961 9 20 1961 6 1961

APR 26 1961

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.....

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

Signed Jewell E. Muddle.....

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.