

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41172

Registration District No. 72 Primary Registration District No. 4289 Registrar's No. 146

1. PLACE OF DEATH:
(a) County Chay
(b) City or town Gabbatin Township; Winwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
In this community 15 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chay 24
(c) City or town Winwood 0
(If outside city or town limits, write "RURAL")
(d) Street No. Gabbatin Township 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME THOMAS JEFFERSON COX
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE
4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife MAY OGDHAM 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased July 27 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 24th
year 1947 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from 12-12-47
....., 19....., to death....., 19.....;
that I last saw him alive on 12-22....., 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia Duration 2-3 wks

8. AGE: Years Months Days If less than one day
86 4 27 hr. min.

Due to Cerebral uremia
Cerebral Vasculous accident Stroke

9. Birthplace Chariton County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation FARMER (RETIRED 15 YRS)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 4
Of autopsy 13

11. Industry or business SAME AS ABOVE
12. Name SAMUEL W. COX
13. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name ISABELL E. MCGEE
15. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

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) (2) Means of injury

16. (a) Informant MRS. NANCY COOK
(b) Address Winwood Gabbatin Township; Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/26/47
(Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Mo.

23. Signature R. Adkinson MD (M. D. or other)
Address 2025 S. W. 7th St. N.C. Mo. Date signed 12-24-47

18. (a) Signature of funeral director McCOMAS FUNERAL HOME
(b) Address Smithville, Mo.
19. (a) Dec 26-47 (Date received local registrar) (b) Beulah Kitchener (Registrar's signature) 63

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-48

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 CH

CH, Registered Apprentice No. 912
working under my personal supervision.

Signed Clarence Boggess Jr.

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.