No. 2
2-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44178

Registration District No. 67 Primary Registration District No. 4107 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El-Dorado Spgs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town El-Dorado Spgs 1
(If outside city or town limits, write "RURAL")
(d) Street No. South Park 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ULISSES M COX
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Jane
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Oct (Month) 5 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	1	15	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Harm Cox 0
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Not known
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant Nancy Cox
(b) Address S. Park St. El-Dorado Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Mohr Funeral Home
(b) Address El-Dorado Spgs Mo
19. (a) 11-25-47 (Date received local registrar) (b) J C Brannan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1947 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from March 1947, 1947 to Nov 20, 1947
that I last saw him alive on 19 Nov, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Circulatory Collapse	
Due to Azotaemia due to intestinal obstruction	2 Days
Due to Carcinoma of stomach	unknown
Other conditions Cardio-vascular Renal Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Norman L Clayton (M.D. or other) M.D.
Address El Dorado Spring Mo Date signed 24 Nov 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-47-3016
Date Filed 1-15-48

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Spgs 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.