No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 11 1948

Registration District No. 25

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4036

State File No. McBee 106

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County BATES
(b) City or town RICH HILL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 123 Elm St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Rich Hill (If outside city or town limits, write "RURAL")
(d) Street No. 123 Elm St. (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
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 Thomas P. Cox
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased October (Month) 16 (Day) 1863 (Year)

8. AGE: Years 84 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Iowa City (City, town, or county) Iowa (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name John Tener
13. Birthplace (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Powelson
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Miss Alice Cox
(b) Address 123 Elm St. Rich Hill, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn-Rich Hill
18. (a) Signature of funeral director Booths
(b) Address Rich Hill, Missouri
19. (a) Feb. 9 1948 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th year 1948 hour two minute 30 p. M.

21. I hereby certify that I attended the deceased from ~~[illegible]~~ 10-47 to Feb 4 1948 that I last saw her alive on Feb 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Myocardial Decompensation

Due to Debility & Emaciation

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93 E

Duration

PHYSICIAN
Underline the cause of 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

23. Signature T. R. McBee (M. D. or other) D.O.
Address Rich Hill Date signed 2-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number
Date Filed

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 John L Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.