

No. 2
-12-45
5-17-39
I X47070

FILED JAN 28 1948

State File No.

Registration District No. 27

Primary Registration District No. 5119

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Centralia R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether)
In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Centralia R.F.D.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Vassa Thurston Cox

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edna Ford Cox
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased 4-27-1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 18 hr. min.

9. Birthplace Audrain Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James A. Cox
13. Birthplace Audrain Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Paulina Chrisman
15. Birthplace Audrain Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marvin Caldwell
(b) Address Centralia, Missouri

17. (a) Burial (b) Date thereof 1-18-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.

18. (a) Signature of funeral director Baller Funeral Service Inc

(b) Address Centralia, Missouri

19. (a) Jan 18 1948 (b) Maud Mc Bride
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1948 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan. 15, 1948 to Jan. 15, 1948
that I last saw him alive on Jan. 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 10 yrs
Due to Arteriosclerosis 25 yrs

Due to

Other conditions Gallstones 15 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations 43P
Of autopsy

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?

(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 L. LaChance (M. D. or other) M.D.
Address Centralia, Mo. Date signed 1-16-48

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

MOTHER FATHER

RECEIVED
Health Officer No. 9,
Date Filed 1/27/28

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 *Paul J. Baller*.....

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.