

S. No. 2
M-1/47
5-17-39

FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1606

Registration District No.

Primary Registration District No. 4257

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Johnson, County

(b) City or town Rural, Leston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 33 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Rural Leston, Mo.
(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 Mary Alma Cox

3. (b) If veteran; name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Cox

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased March 25th, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	4hr.min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Jacob Ryder

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Susan Donley,

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Velma Clark, Daughter
(b) Address Rural, Leston, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2-1-48
(Month) (Day) (Year)

(c) Place: burial or cremation Leston Mo.

18. (a) Signature of funeral director P. A. Brauning
(b) Address Warrensburg, Mo.

19. (a) 2-3-48 (Date received local registrar)

(b) Mami St. Hank (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th year 1948 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-1-48 to January 29th, 1948
1-29 1948 to January 29th, 1948
that I last saw her alive on January, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to.....

Due to.....

Other conditions Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?..... Means of injury.....

23. Signature Paul Cooper, M.D. (M. D. or Ch.D.)
Address Warrensburg, Mo. I-30-48 Date signed.....

Duration 1 yr.

PHYSICIAN 1 yr.

Underline the cause of which death should be charged statistically.

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

Mrs. W. Lee Cooper

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed J. M. Banning

Licensed Embalmer No. 3377

P. O. Address Warriorburg, 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.