. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9021

FILED MAR 29 1948

Registration District No. 15-7

Primary Registration District No. 3028

Registrar's No. 62

49
1
3

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

1. PLACE OF DEATH:
(a) County Jasperge
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 901 Olive St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 901 Olive St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country -----

3. (a) PRINT FULL NAME DEBORAH ANNIE COX

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

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

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

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

7. Birth date of deceased March (Month) 12 (Day) 1864 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 0 | 0 | ..... hr. ..... min. |

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

10. Usual occupation retired housewife

11. Industry or business at home

FATHER
12. Name Benjamin Caudell
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Mrs. Ernest Smith
(b) Address 901 Olive St, Carthage, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 18, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 3-15-1948 (Date received local registrar) (b) L. B. Clinton, M.D. (Registrar's signature) 129 by N-7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1948 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from Mar 8, 1948, to Mar 12, 1948;
that I last saw her alive on Mar 12, 1948;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral embolism | 4 days |
| Due to Myocarditis, Chronic | 10 yrs. |
| Due to | |
| Other conditions Senility (Include pregnancy within 3 months of death) | |

Major findings:
Of operations none
Of autopsy none

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 0

23. Signature George H. Wood (M. D. or other)
Address Carthage Mo Date signed Mar 13 '48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-2-178

## 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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

**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.**