DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1948

Registration District No. 27

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5005

State File No. 18632

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Butler Memorial Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Elk 994

(c) City or town Longton 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. ---- 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frances Allen Cox

3. (b) If veteran, name war -----

3. (c) Social Security No. ---

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife George E. Cox

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

7. Birth date of deceased October (Month) 13 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	7	27	-- hr. -- min.

9. Birthplace Lexington (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name Allen McDowell
13. Birthplace ----- (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Martha Freeman
15. Birthplace ----- (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Charles Hayward
(b) Address Butler, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director John G. Underwood
(b) Address Butler, Mo.

19. (a) 6-12-48 (Date received local registrar) (b) K. Henry (Registrar's signature) 17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1948 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 1 1948 19 to June 10 1948
that I last saw her alive on June 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Coronary Thrombosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 P

Of autopsy

Duration

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 Carter W. Luter (M. D. or other) M.D.

Address Butler Mo Date signed 6/11/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 6-48-748
Date Filed 7-7-48

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 Robert D. Steinbeck, Registered Apprentice No. 200 working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3565

P. O. Address Butler Mu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.