

FILED AUG 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22498

Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Jess Mose Cox

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife Sadie Cox 6. (c) Age of husband or wife if alive 61 years7. Birth date of deceased January 17 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	5	22	hr. _____ min.

9. Birthplace Ray Town, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business _____

12. Name Mose Cox13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Minnie Josephine15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mary Louise Norton(b) Address 7582 Kansas Ave. KX17. (a) Removal (b) Date thereof 7 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Lawn Cemetery18. (a) Signature of funeral director Church & Neale(b) Address Stockton Mo.19. (a) 8-4-48 (b) Geneva Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

(c) City or town Rural - Linn
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 48 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from 1 1948 July 8 1948
that I last saw him alive on July 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Wernic Poisoning Duration 3 months

Due to Prostatitis 4 months

Due to _____

Other conditions (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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M.D. or other) _____Address Stockton Mo. Date signed 7-9-48

RECEIVED

District Health Officer No. 7,

District File Number 2-48-919

Date Filed 2-9-23

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stoughton ma

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.