

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_  
Registrar's No. 29

FILED MAY 29 1944  
Registration District No. 13

Primary Registration District No. 3003

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

5  
2  
1

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 445 Wishart 1  
(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)

In this community 75 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Barry

(c) City or town Monett  
(If outside city or town limits, write "RURAL")

(d) Street No. 445 - Wishart - 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Vanettie Cox

3. (b) If veteran name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 15, 1938, to April 22, 1944  
that I last saw her alive on April 21, 1944  
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W.C.

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

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

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

7. Birth date of deceased: June 7 - 1880  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to Had Influenza in 1912

Due to Heart involved in previous stroke and never recovered

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 93 Months 10 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace White Co. Georgia  
(City, town, or county) (State or foreign country)

Major findings: 93d

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Hughes Ferguson

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs. Maud White

(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof April 26 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.O.V. Cemetery

18. (a) Signature of funeral director L.H. Blankenship

(b) Address Monett, Mo.

19. (a) April 25 1944 (b) Audra Tuilloughley  
(Date received local registry) (Registrar's signature)

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? Yes (e) Means of injury \_\_\_\_\_

23. Signature Hughes Ferguson (M. D. or other) M.D.  
Address Monett, Mo. Date signed 4-25-44

1520

RECEIVED

District Health Officer No. 6,

District File Number 544-638

Date Filed MAY 24 1944

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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 E. H. Blankenship

Licensed Embalmer No. 2297

P. O. Address Monte, M.D.

**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.**