S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25115

Registration District No. 2 97 Primary Registration District No. 6022 Registrar's No. 73

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural Richmond Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Camden N. Richmond St Roberts (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) Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray 89
(c) City or town Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. Camden N. Richmond St Roberts (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice J Cox
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fml
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lafayette Cox
6. (c) Age of husband or wife if alive Eleven years
7. Birth date of deceased April (Month) 15 (Day) 1856 (Year)

8. AGE: Years 91 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Ken (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name William Craig
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sabina Offutt
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Jones
(b) Address Richmond R.F.D.3 Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Grove
18. (a) Signature of funeral director Swift-Hill F.H.
(b) Address Richmond Mo
19. (a) July 11-1947 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1947 hour 9 minute 9:10 A. M.
21. I hereby certify that I attended the deceased from July 2-1 1947 to July 8 1947 that I last saw her alive on July 8 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-Pneumonia	
Due to:	
Due to: Arteria-Sclerosis	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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

23. Signature C C Fay (M. D. or other)
Address Richmond Mo Date signed 7-10-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 7-16-47

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 George D. Hale

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.