

y. S. No. 2
DOM-5-43
Rev. 5-17-39
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FILED SEP 17 1945

Primary Registration District No. **3057**

Registrar's No. **54**

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(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 William W. Cox

3. (b) If veteran, name war No

3. (c) Social Security No. 486-05-9914

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov. 6. 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 9 11 _____ hr. _____ min.

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Mining

11. Industry or business _____

MOTHER FATHER { 12. Name Cardian Cox

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

14. Maiden name Mary E. Griffey

15. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel A. Cox

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof Aug. 19, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director J. Shuman

(b) Address Richmond, Mo.

19. (a) Aug 22 1945 (b) Mrs. Sherrill Sheppard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 220, West Royal
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1945 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Back broken with crushed or severed spinal cord

Due to fall of rock while working in mine

Due to _____

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) accident

(b) Date of occurrence aug. 17, 1945

(c) Where did injury occur Richmond, Ray, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in mine

While at work? yes (Specify type of place) (e) Means of injury fall of rock

23. Signature J. J. Barber Address Richmond Mo. Date signed 8-19-45

1280

RECEIVED

District Officer No. 8,

Date Filed 9-11-15

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, ###

Registered Apprentice No. _____

working under my personal supervision.

Signed E. J. [Signature]

Licensed Embalmer No. 2073

P. O. Address Richmond, Mo.

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.