

FILED NOV 6 1947

Registration District No. **334**

Primary Registration District No. **6130**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**  
 (a) County **Shannon**  
 (b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **None**  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Shannon** **101**  
 (c) City or town **near Cedar Grove, Mo**  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Jesse Sylvester Cox**  
**3. (b) If veteran,** name war **--**  
**3. (c) Social Security** No. **--**

**4. Sex** **M** **5. Color or race** **W.**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Pearl Cox**  
**6. (c) Age of husband or wife if alive** **57** years  
**7. Birth date of deceased** **Sept 20 1881**  
(Month) (Day) (Year)

**8. AGE:** Years **66** Months **0** Days **16**  
 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Shannon County Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer**

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

MOTHER FATHER

**12. Name** **George Cox**  
**13. Birthplace** **No record** **9**  
**14. Maiden name** **Rebecca Summers** (State or foreign country)  
**15. Birthplace** **No record** **9**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Carl T. Spencer**  
**(b) Address** **Cedar Grove, Missouri**

**17. (a) Burial** **(b) Date thereof** **10/8/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Jadwin Cemetery**

**18. (a) Signature of funeral director** **Carl T. Spencer**  
**(b) Address** **Salem, Missouri**

**19. (a)** **10-15-47** **(b) Mabel Peden**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **October** day **6**  
 year **1947** hour **1:25** minute **P** M.  
**21. I hereby certify that I attended the deceased from** **9-15-47**, 19\_\_\_\_, to **10-8-47**, 19\_\_\_\_  
 that I last saw him alive on **9-15-47**, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**  
**atherosclerosis - hypertension**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Duration **18 days**

Other conditions **85A**  
(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? **2**

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

**23. Signature** **J. D. Smith** (M. D. or other) **DD.**  
**Address** **Salem, Mo.** **Date signed** **10-8-47**

RECEIVED

District Health Officer No. 5,

District File Number 164-7-642

Date Filed 11-5-47

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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, ~~012~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.