

BUREAU OF THE CENSUS
APR 15 1941Registration District No. 5-21Primary Registration District No. 4335Registrar's No. 12

1. PLACE OF DEATH:

(a) County Moniteau
 (b) City or town California
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Kathams Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether)
 In this community 49 years (years, months or days)

8. (a) PRINT FULL NAME ROBERT PINKNEY COX

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Gora Cox 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased 7 13 1892
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 7 29 hr. min.

9. Birthplace moniteau Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Columbus Cox
 13. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

14. Maiden name Angeline Green
 15. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gora Cox
 (b) Address Lupus mo.

17. (a) Removal (b) Date thereof 3-13-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pettigrew Ave.

18. (a) Signature of funeral director C. A. Hornbeck
 (b) Address Prairie Home mo

19. (a) 3-12-41 (b) J. R. Poppey 56
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town Lupus mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12
 year 1941 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Mar 10, 1941, to Mar 12, 1941.
 that I last saw him alive on Mar 11, 1941.

and that death occurred on the date and hour stated above.
 Immediate cause of death Crushing injury to chest and lungs, accidental
 Due to Rock falling on chest at Rock quarry
 Due to _____

Other conditions Puncture of lungs by postcard
 (Include pregnancy within 3 months of death)

Major findings: No operation
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Mar 10-1941
 (c) Where did injury occur? Rock quarry near Lupus mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rock quarry

While at work? Yes (Specify type of place) Rock and
 (e) Means of injury Frozen dirt fell on

23. Signature L. L. Latham (M. D. or other) on
 Address California mo Date signed Mar 12

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, 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, above space should be left blank.