

1939 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5498

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 697
(c) City K. C. Mo. (d) Street No. Netherlands Hotel St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Robert Solomon Cox
(a) Residence, No. Netherlands Hotel Apt #73 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Vanderburg Cty
(STATE OR COUNTRY) Indiana

13. NAME James Robert Cox

14. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Nichols

16. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

17. INFORMANT James Cox
(ADDRESS) Pittsburg, Kansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Feb 18 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner
(ADDRESS) Kansas City, Mo.

20. FILED 7/18 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939, to 1939

I last saw alive Robert Solomon Cox on Feb. 15, 1939. Death is said to have occurred on the date stated above, at 9:30 am.
The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Acute + chronic coronary atherosclerosis
Chronic myocardial infarction
Other contributory causes of importance:
Acute pulmonary edema +
congestion

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Walter H. Hester M. D.
(Address) Burlington, K.C. Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.