

140  
39  
23159

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH: **Buchanan**

(a) County **Buchanan**

(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**6618 Mack St. (Home)**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 years**  
(Specify whether years, months or days)

In this community **40 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Bessie L. Cox**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Alva**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **March 8 1885**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **2** Days **21** If less than one day  
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **James Parrish**

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

14. Maiden name **Margaret Matney**

15. Birthplace **Buchanan County, Missouri**  
(City, town, or county) (State or foreign country)

**Bernice Cox Daughter**

16. (a) Informant **Burial**

(b) Address **6618 Mack St., St. Joseph, Mo.**

17. (a) (b) Date thereof **5/31/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mrs. Auburn Cemetery**

18. (a) Signature of funeral director **John E. ...**

(b) Address **6054 Pryor Ave., St. Joseph, Mo.**

19. (a) **May 31 - 1941** (b) **J. H. ...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6618 Mack St.**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**  
year **1941** hour **11:45** minute **9** M.

21. I hereby certify that I attended the deceased from **May 29** 19**41** to **May 29** 19**41**.

that I last saw her alive on **May 29** 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Duration **1 1/2 years**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Diabetes mellitus**  
(Include pregnancy within 3 months of death)

Major findings: **Hypertension**

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? \_\_\_\_\_

23. Signature **Wm B. ...** (M. D. or other) \_\_\_\_\_

Address **... 131st** (Specify type of place) \_\_\_\_\_

Date signed **5-31-41** (e) Means of injury \_\_\_\_\_

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

MOTHER FATHER

*Roet*

**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.....

*Myself*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John E. Rupp*

Licensed Embalmer No..... 3986

P. O. Address..... 6054 Pryor St., Joseph,

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**