

FILED MAR 16 1942

State File No.

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 888

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rear of Tavern-1523 Genesee Street
(If not in hospital or institution, write street number or location)

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

In this community 41 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Victor Hotel
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mr. Charles Wallace Cox

3. (b) If veteran, name war World War Vet. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Margaret Cox 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased May 13 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>9</u>	<u>20</u>	<u>---</u> hr. <u>---</u> min.

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

10. Usual occupation None

11. Industry or business Unemployed

MOTHER FATHER { 12. Name James D. Cox

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

{ 14. Maiden name Emily Tower

{ 15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Cox
(b) Address 2249 E 17th Terrace

17. (a) Burial (b) Date thereof Mar. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial/cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3/4/42 (b) M. H. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.

Signature: Deputy Coroner

Immediate cause of death Chronic Alcoholism

Due to ---

Due to ---

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ---

Of autopsy ---

Duration

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? ---

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

23. Signature Deputy Coroner (M. D. or other) ---

Address --- Date signed ---

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

APR 13 1942

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. Hervey Quisenberry

Licensed Embalmer No. *4070*

P. O. Address *AC 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.