

MAR 9 1942
Registration District No. 2499

Primary Registration District No. 1002

Registrar's No. 607

1. PLACE OF DEATH: Jackson
(a) County
(b) City or town: Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: 23 days
In this community 23 YRS. years, months or days

3. (a) PRINT FULL NAME: JOSEPH COX
3. (b) If veteran, name war: no
3. (c) Social Security No.: None

4. Sex: Male race: white
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Grace Cox
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: June 15 1885

8. AGE: Years 56 Months 8 Days 23 If less than one day hr. min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Interior Decorator

MOTHER FATHER
12. Name: Samuel V. Cox
13. Birthplace: Ind. (City, town, or county) (State or foreign country)
14. Maiden name: Kyrtia Hill
15. Birthplace: Ind. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Grace Cox
(b) Address: 1114 So. Noland - Indep.

17. (a) Burial (b) Date thereof: Feb 21 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn

18. (a) Signature of funeral director: Rosa + Nerulsson

(b) Address: 152 Jackson

19. (a) 2/19/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ?Jackson
(c) City or town: Kansas City
(d) Street No.: 1114 S. Noland, Independence Mo.
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18th
year 1942 hour 11 minute 27 P. M.

21. I hereby certify that I attended the deceased from 1-26-42 to 2-18-42
that I last saw him alive on 2-18-42
and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia
Due to: Infected varicose veins

Due to: 100%

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury: 72

23. Signature: Wm. R. Thorn (M. D. or other)
Address: ed. Dir. K.C. Gen. Hospital Date signed: 2-18-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

J. E. Henderson

Licensed Embalmer No.....

3657

P. O. Address.....

11 E 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.