S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9544

FILED APR 1 1942

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 1115

48
3
8

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

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:
3027 Charlotte Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3027 Charlotte Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----- 0

3. (a) PRINT FULL NAME Mr. Julian Emory Cox

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mrs. Ethel Cox

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

7. Birth date of deceased September (Month) 14 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	4	hr. ..... min.

9. Birthplace Glasgow (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Insurance Agent

11. Industry or business General American Life Ins. Co.

FATHER
12. Name John W. Cox
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Eliza Twyman
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs Ethel Cox
(b) Address 3027 Charlotte Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

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

19. (a) 3-19-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th year 1942 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 1942, 19..., to Mar 18, 1942 that I last saw him alive on Mar 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the esophagus

Due to

Due to

46a

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Delan A. Williams (M.D. or other)

Address 80 E Prof Bldg Date signed 3/18/42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. D. A. Williams
Prof. Bldg.
Vi 15-38

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 H. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K. C. 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.