

MAY 7 1948 73
Registration District No.

Primary Registration District No. **3014**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County Liberty

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

(c) Name of hospital or institution:
Liberty County Jail #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 19 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ben Cox

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male Color or race white

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 1857 years (Month) (Day) (Year)

8. AGE: Years 86 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Robert Thomason (Sheriff)

(b) Address Liberty, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation County Park Liberty

18. (a) Signature of funeral director [Signature]

(b) Address 119 E Frank St Liberty, Mo

19. (a) April 27 1948 (Date received local registrar) (b) Nelson Early (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Unknown

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

(d) Street No. Unknown (If rural, give location)

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

If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 7, 1943 to April 26, 1943 that I last saw him alive on April 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Several Arteriosclerosis Duration 10 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

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

23. Signature Burton Malley (M. D. or other) MD

Address Liberty Date signed 27-4-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-5-43

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

F. L. Gardner Jr.

Licensed Embalmer No.

3934

P. O. Address

Liberty 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.