

FILED JUL 19 1948

149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

2965

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
In this community 1 mo. 24 days  
(Specify whether years, months or days)

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. 5915 Cypress  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elsie Cox  
3. (b) If veteran, name war no 3. (c) Social Security No. none  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: May 8 43  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 2  
year 1943 hour 7 minute 50 P.M.  
21. I hereby certify that I attended the deceased from June 14, 1943, to July 2, 1943,  
that I last saw her alive on July 2, 1943,  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months 1 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death malnutrition  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation infant

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name John Cox  
13. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Carrie Day  
15. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant John Cox  
(b) Address 5915 Cypress  
17. (a) Burial (b) Date thereof 7-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Queen Lawn Cem.  
18. (a) Signature of funeral director Charles Morken  
(b) Address 5811 Wood  
19. (a) 7-4-43 (b) B. C. Brown  
(Date received local registrar) (Registrar's signature)

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) Means of injury \_\_\_\_\_  
23. Signature Amey R. Thom (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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.

*not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.