

FILED MAY 28 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Terminal Tracks 20th, & Olive. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 South 34th, St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Clifford W. COX.

20. DATE OF DEATH: Month May day 10th
year 1945 hour 12 minute 25 P.M.

3. (b) If veteran, name war No 3. (c) Social Security No. 510-07-5232

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winifred Cox 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased December 31st 1910
(Month) (Day) (Year)

Immediate cause of death Rail Road Traumatism

8. AGE: Years 34 Months 4 Days 9 If less than one day hr. min.

Due to Fractured arm, chest pelvis & legs

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

Due to riding on derailed box car

10. Usual occupation Switchman

Other conditions 169-30
(Include pregnancy within 3 months of death)

11. Industry or business Kansas City Terminal R.R.

Major findings: Of operations History & Prognosis

12. Name James A. Cox.

Of autopsy As found

13. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Florence L. Cole

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) accident

16. (a) Informant Mrs Simmons

(b) Date of occurrence 5-10-45

(b) Address 1404 S. 37th, Kansas City Kansas

(c) Where did injury occur? 20th Olive N.C. Jackson
(City or town) (County) (State)

17. (a) Removal (b) Date thereof 5-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Maple Hill, K.C.K. Melody-McGilley-Eylar

While at work? yes (e) Means of injury R.R. Train

18. (a) Signature of funeral director Linwood & Woodland

23. Signature James A. Cox (M. D. or other)

(b) Address Linwood & Woodland

Address 1424 Olive St. Kansas City Date signed 5-10-45

19. (a) 5-11-45 (b) Stradline Holmes
(Date received local registrar) (Registrar's signature)

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

15821

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 Chas E. Wells

Licensed Embalmer No. 2644

P. O. Address Kansas City

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.