S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5562

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 581

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 222 East 55th St. Ter. K.C. Mo. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 222 East 55th St. Terrace 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Olive Jane COZAD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 5

6. (b) Name of husband or wife Joseph A. Cozad

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

7. Birth date of deceased Nov. 25, 1854 (Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 199 If less than one day hr. min.

9. Birthplace Derrian County (City, town, or county) Mich. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unknown 6
13. Birthplace Unknown 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 6 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Sherer

(b) Address 222 East 55th St. Ter. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 2-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1946 hour 3.30 minute P M.

21. I hereby certify that I attended the deceased from Feb. 2, 1946, to Feb. 4, 1946, that I last saw him alive on Feb 4 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Old age Arteriosclerosis	
Due to Chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131.2	
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? (Specify type of place)

While at work? (e) Means of injury U

23. Signature Geo. Jones (M. D. or other)

Address 802 Paseo Date signed 2/3/46

(Licensed Embalmer's Statement on Reverse Side)

Ja 1879

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 John E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.