No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 3 1946

State File No. 27070

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3661

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: 1227 Colorado
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

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

(d) Street No. 1227 Colorado 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Alice Louise Cox

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Claude E. Cox

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec (Month) 20 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
55	8	4	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles W. Wallace
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Jeffries
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Claude E. Cox
(b) Address 1227 Colorado

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address K.C. Mo.

19. (a) 8-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
year 1946 hour ..... minute 9 A.M.

21. I hereby certify that I attended the deceased from June 1, 1946, to Aug. 24, 1946
that I last saw her alive on Aug. 24, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of all pelvic organs & ulcers	6 mo.
Due to Cervix, Uterus & Bowels	
Due to primary site in ovaries	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 49a	
Of autopsy none	

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 [illegible] M.D. (M. D. or other)

Address 1353 Woodland Blvd. K.C. Mo. Date signed 8/24/46

(Licensed Embalmer's Statement on Reverse Side)

D.W. Stefy
Inc 7755
Waldheim Bldg.
1-4 pm

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 Joe B. Yoder

Licensed Embalmer No. 4173

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.