

FILED AUG 19 1947

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 3360

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:  
3115 HOLMES STREET 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR. FRANK THOMAS CHARLES COX  
(b) If veteran, name war No  
(c) Social Security No. 496-02-9473

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. LEANNAH MARIE COX  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased JULY 28 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 29  
If less than one day hr. min.

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

10. Usual occupation RETIRED ENGINEER

11. Industry or business K. C. PUBLIC SCHOOLS

12. Name WESLEY COX

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

14. Maiden name MAGGIE WALLS

15. Birthplace MILLER COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. Informant Mrs. Helen M. Pyle

Address 3408 Harrison

17. (a) BURIAL (b) Date thereof AUG-9-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director D. W. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLD.

19. (a) 8-8-47 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3115 HOLMES STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month AUGUST day 7<sup>TH</sup>  
year 1947 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1 hour 19... to ... 19...  
that I last saw h... alive on ... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency  
Due to arteriosclerosis

Due to

Other conditions (include pregnancy within 3 months of death)  
Major findings: ASU  
Of operations

Of autopsy no history + injection

22. If death was due to external causes, fill in the following:  
(c) 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? (c) Means of injury

23. Signature Jessie Walker (M. D. or other)  
Address 1424 1/2 W. 14th Date signed 8-7-47

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

0. 2  
2-45  
7-39  
K47670

48  
3  
8  
0

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**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 Melvin Miller  
Licensed Embalmer No. 4407  
P. O. Address K.C. 3, 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.**