S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16266

Primary Registration District No. 1002

Registrar's No. 2204

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: 0
General Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. 129 No White 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joann Cox

3. (b) If veteran, name war no

3. (c) Social Security No. Unk

4. Sex Fem /

5. Color or race Wh

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

6. (b) Name of husband or wife Sgr. Robert Cox

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

7. Birth date of deceased 9/7/1922 (Month) (Day) (Year)

8. AGE: Years 25 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Independence ~~Kansas City~~ (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name George Kern 0
13. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mabel Irene Holland
15. Birthplace Kansas City, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Geor. Kern
(b) Address 306 No Clinton Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem. Indep. Mo

18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.

19. (a) 5-26-48 (Date received local registrar) (b) Ekseldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23 year 1948 hour 4 X minute P M.

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

	Duration
Immediate cause of death Shock	
Due to Skull Fracture	
Due to Injury By Fall	
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner	
Major findings: Of operations Not	
Of autopsy History & Inspection	

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) Suicide
(b) Date of occurrence 5/23/48
(c) Where did injury occur? Kansas City (City or town) Mo (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? No (e) Means of injury Trauma

23. Signature A. E. Usher (M. D.) Date signed 5/24/48
Address 2800 Main

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Mayfield, Registered Apprentice No. 18, working under my personal supervision.

Signed John P. Shiel

Licensed Embalmer No. 3625

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.