

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22069

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Franklin Primary Registration District No. 5553B
(c) City Lee's Summit (d) Street No. P. 7 D. 7 Registered No. 122
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Richard Leon Cox St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-193819... to ... 19...
I last saw him alive on Stillborn, 19... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min.
Stillborn

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

Date of onset

9. Industry or business in which work was done, as saw mill, bank, etc.

Stillborn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee's Summit Mo.13. NAME Sherman Cox14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee's Summit Mo.15. MAIDEN NAME Margie Barnes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton Mo.17. INFORMANT (ADDRESS) Sherman Cox Lee's Summit Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Mo. DATE 6/15 3819. FUNERAL DIRECTOR (ADDRESS) none (Father)20. FILED June 15 1938 William J. Fields Local Registrar

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

..... (Signed)..... M. D.

..... (Address) Lee's Summit Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)