DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9957

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1391

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: 3679 Summit (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ___ (Specify whether years, months or days) In this community: 60 years

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.: 3679 Summit (If rural, give location)

(e) If foreign born, how long in U. S. A.? ___ years.

3. (a) PRINT FULL NAME: Mary Jane Cox

3. (b) If veteran, name war: -----

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

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

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

7. Birth date of deceased: July (Month) 30 (Day) 1853 (Year)

8. AGE: Years 86 | Months 7 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace: Leavenworth (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ___

MOTHER FATHER

12. Name: Jacob Forth

13. Birthplace: ___ (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: Armia Fielder

15. Birthplace: ___ (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature: Mrs. Homer Jett

(b) Address: 3679 Summit

17. (a) burial (Burial, cremation, or removal) (b) Date thereof ___ (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: Gates Funeral Home

(b) Address: Kansas City, Kansas

19. (a) Mch 29, 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1940 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 14, 1939, to Mar. 28, 1940, that I last saw her alive on 3/28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Vascular disease M.	2 wks
Due to: Arterio sclerosis	
Due to: Old age.	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings: Of operations: — 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): no

(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: F. O. Connell M.D. (M. D. or other)

Address: 810 Medical Arts Bldg. Date signed 3/29/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUM-5-17-39 Rev. 5-17-39 Form 1 X19511

P.J. O'Connell
med a to. Bldg.

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 L Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 1815 W 41

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, above space should be left blank.