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

14637
Do not use this space.

MAY 7 1940

1. PLACE OF DEATH
(a) County Clay — Registration District No. 198
(b) Township Fishing River — Primary Registration District No. 3011 — Registered No. 68
(c) or City Excelsior Springs, Mo (d) Street No. Veterans Administration Facility St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 Edward W. Cox
(a) Residence, No. Route #5, Warrensburg, Mo. St. [ ] Warrensburg, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mildred Cox,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1895

7. AGE: Years 44 — Months 8 7 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Mo. 0

FATHER
13. NAME James H. Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Missouri 0

MOTHER
15. MAIDEN NAME Minnie Wells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Indiana

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Warrensburg, Mo. DATE April 17, 1940

19. FUNERAL DIRECTOR (NAME) Claude Prichard
(ADDRESS) Excelsior Springs, Mo.

20. FILED April 17, 1940 Mrs Rea McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1940, to April 17, 1940
I last saw him alive on April 17, 1940 Death is said to have occurred on the date stated above, at 4:35 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, active, far advanced, bilateral	
Tuberculoma, larynx,	

Other contributory causes of importance: 78

Name of operation None Date of
What test confirmed diagnosis? Examination and observation Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify Unknown

(Signed) W. A. GERIAN, M.D., Acting Manager, M. D.
(Address) Veterans Administration Facility
Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8
Date Filed 3-3-40

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 Robert Ray, Registered Apprentice No. 226 working under my personal supervision.

Signed Claude Michael

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs

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

If this body is not embalmed, above space should be left blank.