No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7173

MAR 17 1941

Registration District No. 413 Primary Registration District No. 5557 Registrar's No.

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

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: R.R.#3 K.C.Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 5 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. R.R.#3 K.C.Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Herbert Wilson Cox

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife Elizabeth Cox

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 18- (Month) (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	0	9	hr. min.

9. Birthplace Decatur (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Wm. Cox
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Cox
(b) Address R.R.#3 K.C.Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hutchinson Kans.

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) (Date received local registrar) (b) D. M. Eubank M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1940 hour 12 N minute — M.

21. I hereby certify that I attended the deceased from Sept. 10, 1940 to Sept 27, 1940
that I last saw him alive on Sept. 27, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PULMONARY OEDEMIA AND CARDIAC FAILURE DUE TO TOXEMIA OF	48 HRS.
Due to BILATERAL PYONEPHROSIS	14 X.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same as above

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)
(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 J. L. Loffoon (M. D. or other)
Address 920 Argyle Bldg. K.C.Mo. Date signed

(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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.