S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41023

Registration District No. 399 (JAN 24 1942)

Primary Registration District No. 1002

Registrar's No. 4702

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: St. Joseph Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 20 years 0

2. USUAL RESIDENCE OF DECEASED: 048

(a) State: Missouri, (b) County: Jackson, 3

(c) City or town: Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 3961 Mercier,
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mrs. Margaret Cox,

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

3. (c) Social Security No.: x

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Percy B. Cox,

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

7. Birth date of deceased: May (Month) 18 (Day) Unknown (Year)

8. AGE: Years	Months	Days	If less than one day
About 80	6	29	hr. min.

9. Birthplace: New York, (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Housewife,

11. Industry or business: x

MOTHER FATHER

12. Name: John Riley,

13. Birthplace: Ireland, (City, town, or county) 4 (State or foreign country)

14. Maiden name: Unknown,

15. Birthplace: Ireland, (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Percy B. Cox,

(b) Address: 3961 Mercier, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12- -41 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec. 18, 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th year 1941 hour 7:05 minute P. M.

21. I hereby certify that I attended the deceased from December 15, 1941, to Dec. 16, 1941, that I last saw her alive on Dec 16, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: multiple skull fracture	
Due to: falling down stairs	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
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): Accident

(b) Date of occurrence: Dec 15, 1941 123

(c) Where did injury occur? 3961 Mercier K.C. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home. (Specify type of place)

While at work? no (e) Means of injury: 0

23. Signature: R. T. Pittam MD (M. D. or other)

Address: 830 Professional Bldg Date signed Dec 17, 1941

(Licensed Embalmer's Statement on Reverse Side)

Dr. Radford Pittam,
Proff Bldg
Va 7112

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 Willis H. Bennett, Registered Apprentice No. 282, working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

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.