U. S. No. 2
OM—9-4-41
Rev. 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. 5275

FILED MAR 9 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 523

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-31-42-2-5-42 (Specify whether years, months or days)
In this community 34 years

2. USUAL RESIDENCE OF DEASCEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 29
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 902 E. 24th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: FRANK COX

3. (b) If veteran, name war:

3. (c) Social Security No. 702-12-3385

4. Sex: Male

5. Color or race: Negro

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

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

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

7. Birth date of deceased: August (Month) 25 (Day) 1892 (Year)

8. AGE: Years 49 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation: Cook

11. Industry or business:

FATHER
12. Name: Joseph Cox
13. Birthplace: unk. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Matilda Sears
15. Birthplace: unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Fulton, Kansas

18. (a) Signature of funeral director: Fannie L. Mellt
(b) Address: 1708 E. 18th St. Kansas City, Mo.

19. (a) 2-6-42 (Date received local registrar) (b) M. M. Gossett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1942 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from January 31, 1942, to February 5, 1942 that I last saw him alive on February 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertensive type heart disease

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

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: 0

23. Signature: [illegible] (M. D. or other)
Address: Gen. Hosp. #2 - 600 E. 22 Date signed 2-5-42

(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 Fannie L. Meep

Licensed Embalmer No. 3818

P. O. Address 1708 E. 18th St. Kansas City, 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.