

Registration District No. **599**

Primary Registration District No. **1002**

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:
1307 East 33rd Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **40 Years**
(Specify whether years, months or days)

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. **1307 East 33rd Street**
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Mrs. Melinda Jennie Cox**

3. (b) If veteran, name war **None** 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 **Henry Cox** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **March 12 1850**
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	35	21 hr. min.

9. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **At Home**

MOTHER FATHER
 12. Name **Thomas Wilson**
 13. Birthplace **Carolina**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Jane Dawson**
 15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin H. Cox**
 (b) Address **1307 E. 33rd Street**

17. (a) **Burial** (b) Date thereof **July 6, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer**
 (b) Address **1401 Brush Creek Blvd.**

19. (a) **7-3-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **3**
 year **1942** hour **1** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **July 2**, 19**42** to **July 2**, 19**42**

that I last saw her alive on **June 25**, 19**42**

and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **20 yrs**

Due to **infection** **93** **20 yrs**

Due to

Other conditions **Extreme age**
(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) **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?

While at work? (Specify type of place)
 Means of injury **fall**

23. Signature **E. W. Shuster** (M. D. or other)

Address **900 Rielle Bldg** Date signed **7-3-42**

361

Dr. E. H. Shuck
Rualto Blk

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 *H. O. Newcomer Jr*
Licensed Embalmer No. 4043
P. O. Address None

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.