

FILED AUG 10 1948
Registration District No. 398

Primary Registration District No. 3019

State File No. _____

Registrar's No. 186

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence, Mo.
(c) Name of hospital or institution: Independence Sanitarium
(d) Length of stay: In hospital or institution 4 days
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 501 Manor Road
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Garry Lynn Cox
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15 year 1942 hour 4:30 minute P.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Child
6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased July 11, 1942

21. I hereby certify that I attended the deceased from July 10 1942 to July 15 1942 that I last saw him alive on July 15 1942 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 0 Days 4 If less than one day _____ hr. _____ min.

Immediate cause of death Atelectasis of both lungs
Due to _____
Duration 4 days

9. Birthplace Independence Missouri

Other conditions patent ductus arterialis
(Include pregnancy within 3 months of death)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Edgar K. Cox
13. Birthplace no record
14. Maiden name Margaret Robinson
15. Birthplace no record

Major findings: Of operations _____
Of autopsy as above
16. 161a
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph G. Cox - brother
(b) Address 501 Manor Road

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) burial (b) Date thereof 7/16/42
(c) Place: burial or cremation blood lawn cem

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.

(e) Means of injury _____
While at work _____

19. (a) 7-16-1942 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

23. Signature James W. Ross (M. D. or other) no
Address Independence Mo Date signed 7-16-42

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 *W. B. Smith*

Licensed Embalmer No. 2467

P. O. Address Indep. 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.