. S. No. 2
DM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29382

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3406

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution hospital 22 days (Specify whether)

In this community 22 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALDWELL 13

(c) City or town BRECKENRIDGE 0 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Belle Cox

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE 1

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased JAN. (Month) 10 (Day) 1864 (Year)

8. AGE: Years 78 Months 8 Days 6 ~~5~~ If less than one day hr. min.

9. Birthplace EDGERTON (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business " "

FATHER
12. Name JOHN M. SEAL
13. Birthplace OHIO (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name MARGARET GIBSON
15. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

16. (a) X Informant Madonna Cox Sanderson

(b) Address BRECKENRIDGE, MO.

17. (a) ~~BRECKENRIDGE~~ (Burial, cremation, or removal) REMOVAL (b) Date thereof SEPT. 16, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation BRECKENRIDGE MO

18. (a) Signature of funeral director T. F. McPeek

(b) Address Breckenridge Mo

19. (a) 9/16/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 25, 1942 to Sept 16, 1942, that I last saw her alive on Sept 16, 1942, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death coronary embolus

Due to 1864

Due to

Other conditions fractured rt. hip (Include pregnancy within 3 months of death)

Major findings: Of operations fracture rt hip

Of autopsy

Duration

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) Acc 013

(b) Date of occurrence 8-24-42

(c) Where did injury occur? Breckenridge (City or town) (County) Mo (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? (e) Means of injury Fall

23. Signature R. E. Forbis (M. D. ~~[illegible]~~)

Address St. Luke's Hosp. Date signed 9-16-42

(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~~ WILL BE embalmed by me, or by Ernest McPeek, Registered Apprentice No. ....., working under my personal supervision.

Signed Ernest McPeek

Licensed Embalmer No. 3713

P. O. Address Breckenridge, Sno,

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.