

FILED OCT 23 1942

Registration District No.

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Apr 6 to mid. 12 days
(Specify whether in this community Apr 6 to mid. 12 days 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. 323 Grand (Sleeping Ward)
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME GEORGE COX

3. (b) If veteran, name war. Unk 3. (c) Social Security No. Unk

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased. Sept. 19 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Unknown (England) Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation odd jobs laborer

11. Industry or business Various

MOTHER FATHER { 12. Name George Cox
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ganey
15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital #
(b) Address St. Joseph Missouri

17. (a) Burial (b) Date thereof 10/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp for Deaf
Blind - 13th & 17th St. St. Joseph, Mo

18. (a) Signature of funeral director Rose Heegan
(b) Address 319 So. 10th St. St. Joseph, Mo

19. (a) 10-10-42 (b) Rose Heegan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1942 hour 8:15 minute..... A.M.

21. I hereby certify that I attended the deceased from Aug 1
1942 to Aug 07 1942
that I last saw him alive on Aug 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured aortic aneurysm

Due to Syphilis Duration 10 yrs.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy Ruptured aortic aneurysm

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Geo M Butler (M. D. other)
Address St. Joseph, Mo Date signed 10/9/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

