

No. 2
-2-43
-17-39
X35697

State File No. _____
Registrar's No. 178

Registered District No. FILED FEB 13 1944

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(c) 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:
1601 East 8th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 22 yrs (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. 1601 East 8th. Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Cox

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th.
year 1944 hour 7 minute 45 M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Monroe Cox

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

7. Birth date of deceased: Apr - 7 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 8
_____ 1944 to Jan 12 1944;
that I last saw her alive on Jan 8 1944;
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 7 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Influenza

Due to _____

Due to 33a

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

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Andrew Percifell

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace no Record
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Dickie

(b) Address 1601 E - 8th

17. (a) Burial (b) Date thereof Jan 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

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? _____

18. (a) Signature of funeral director Amos C. Foster

(b) Address 918 Broadway

19. (a) Jan 13 1944 (b) G. C. McCornick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature G. C. McCornick (M. D. or other) _____
Address 1127 Trent Date signed 1-12-44

Dr. G.C. McCormick
1127 Troost

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 *Ralph W. Ruwels*

Licensed Embalmer No. *3860*

P. O. Address *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.