

FILED MAR 6 1944  
Registration District No. 7449

Primary Registration District No. 1002

Registrar's No. 759

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:  
13th & Troost on Sidewalk  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1317 Harrison  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward S. Cox

3. (b) If veteran, name war Yes

3. (c) Social Security No. Unknown

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Mary A. Cox.

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 24 1896 (?)  
(Month) (Day) (Year)

8. AGE: Years 47 1/2 Months 7 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Tool Dyes

11. Industry or business Bomber Plant

MOTHER FATHER { 12. Name Gillispie Cox.

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

14. Maiden name Mary Ella Ferrell

15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary A. Cox.

(b) Address 1323 Harrison

17. (a) Burial (b) Date thereof 2/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) 2-16-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 14, 1944  
year \_\_\_\_\_ hour 12:05 minute 04 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw h. Deputy Coroner  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature A. E. Wisher (M. D. or other) M. D.  
22 McCloy Date 2/14/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SEP 12 1904

MAR 16 1904  
APR 1 8 1904

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.....

*Francis Walton*

Registered Apprentice No. 2744

working under my personal supervision.

Signed.....

*J. H. Reiman*

Licensed Embalmer No. 2744

P. O. Address N. C. 210

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.