

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12094

State File No. \_\_\_\_\_

FILED APR 23 1945

Primary Registration District No. 1002

Registrar's No. 1596

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

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

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

(c) Name of hospital or institution: Crestwood Convalescent Home, 2700 Tra...  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days  
(Specify whether years, months or days)

In this community: 40 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: CHARLES BENTON COX

3. (b) If veteran, name war: WORLD WAR I

3. (c) Social Security No.: 486-05-4685

4. Sex: Male / 5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Stella

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

7. Birth date of deceased: Dec. 19, 1895 / 1897  
(Month) (Day) (Year)

8. AGE: Years: 47 1/2 Months: 3 Days: 19  
If less than one day hr. min.

9. Birthplace: Kansas /  
(City, town, or county) (State or foreign country)

10. Usual occupation: Deputy Sheriff

11. Industry or business: Jackson County

12. Name: Isaac W. Cox

13. Birthplace: Wichita Kansas /  
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Jane Miller

15. Birthplace: Derby Kansas /  
(City, town, or county) (State or foreign country)

16. (a) Informant: Delsie Miller

(b) Address: 3428 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/10/45  
(Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.

(b) Address: Kansas City, Mo.

19. (a) 4-9-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

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

(d) Street No.: 2712 Benton  
(If rural, give location)

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

If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 8 year: 1945 hour: 12 minute: 11 A.M.

21. I hereby certify that I attended the deceased from: April 10, 1942, to: April 8, 1945; that I last saw him alive on: April 7, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Disease

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

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

Other conditions: (Include pregnancy within 3 months of death) 94a

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

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

23. Signature: George C. ... (Specify type of place) (e) Means of injury: \_\_\_\_\_  
(M. D. or other) M. D.

Address: 1103 Grand Ave. K. C. Mo. Date signed: 4/9/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 25 1945

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.