

FILED JAN 15 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 353

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Independence Sanitarium 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 911 Stoddard 4  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELRY W<sup>m</sup> Cox

3. (b) If veteran, name war None 3. (c) Social Security No. 486-03-1028

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Benlah Cox 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased February 20 1902  
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Chestnut Mont 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Standard Oil Co

MOTHER FATHER { 12. Name John Cox  
13. Birthplace Bridgport Maine 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Cassann Burrell  
15. Birthplace Idaho 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Benlah Cox  
(b) Address 911 Stoddard

17. (a) Burial (b) Date thereof 12-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Lane Cem

18. (a) Signature of funeral director Geo C Carson Funeral Home  
(b) Address Independence Mo

19. (a) 12-13-45 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10  
year 1945 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Spontaneous Sub-arachnoid hemorrhage.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 103 Of autopsy See Above 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) \_\_\_\_\_  
(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? \_\_\_\_\_

(Specify type of plane) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature A. E. Userer (M. D. of State) \_\_\_\_\_  
Address 2800 Main Date 12/11/45

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

**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

*George C. Dawson*

Licensed Embalmer No. *2249*

P. O. Address *Indef 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.**