

FILED JAN 31 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 300

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: 2514 Spruce
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days)
 In this community: 3 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME: NORA MARY COX
 3. (b) If veteran, name war: none
 3. (c) Social Security No.: none

4. Sex: female
 5. Color or race: white
 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife: W.B. Cox
 6. (c) Age of husband or wife if alive: 87 years
 7. Birth date of deceased: January 16 (Month) (Day) (Year) 1890

8. AGE: Years 56 Months 0 Days 2 If less than one day hr. min.

9. Birthplace: Parkville Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation: Housewife

11. Industry or business: _____
 12. Name: Joseph Knoth
 13. Birthplace: Clay County Missouri (City, town, or county) (State or foreign country)
 14. Maiden name: Florence Thorpe
 15. Birthplace: Platte County Missouri (City, town, or county) (State or foreign country)
 16. (a) Informant: J.R. Burford
 (b) Address: 218 N. Cedar K.C. Mo.

17. (a) Burial (Burial, cremation, or removal)
 (b) Date thereof: 1-21-1946 (Month) (Day) (Year)
 (c) Place: burial or cremation: Mt. Washington Cemetery
 Geo. C. Carson Funeral Home

18. (a) Signature of funeral director: Independence Missouri
 (b) Address: _____
 19. (a) 1-19-46 (Date received local registrar)
 (b) Geraldine Holmes (Registrar's signature)

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.: 2514 Spruce
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 18 year 1946 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 18 1946
 that I last saw her alive on Jan 18 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction

Duration: Carcinoma of stomach 1 yr

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

Major findings: Of operations: 1110 15
 Of autopsy: no
 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? _____
 While at work? _____ (Specify type of place) (e) Means of injury: _____
 23. Signature: M. J. Caspell M.D. (Date signed: 1/21/46)

FEB 4 1946

FEB 18 1946

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. Cannon*
Licensed Embalmer No. *2249*
P. O. Address: *Independence 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.