

S. No. 2
DM-8-43
v. 5-17-39
I X37823

FILED JAN 21 1946
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 5416

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: Lakewood Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community 3 years
years, months or days)

3. (a) PRINT FULL NAME William Stephen Cox

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race wh

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Feb 26-1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>32</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name unknown

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

14. Maiden name Ellen Black

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

16. (a) Informant Milton Cox

(b) Address R.R. #3, K.C. Mo

17. (a) removal (b) Date thereof 12-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haltom Kansas

18. (a) Signature of funeral director J. S. Walton

(b) Address Kansas city mo

19. (a) 12-29-45 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

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. R.R. #3, K.C. Mo.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
year 1945 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 12, 1945, to Dec 28, 1945.
that I last saw him alive on Dec 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis
Duration 1 day

Due to Senility 10 years

Due to Hypertension ?

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations _____
Of autopsy _____

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 place) _____
While at work? _____ (e) Means of injury _____

23. Signature Carl T. Moore (M. D. or other) Dr.
Address 6508 E. 37th Kansas City Mo Date signed 12-28-45

100254
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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address X. 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.