

No. 2
-5-43
5-17-39
I X36671

FILED JUN 3 1946
Registration District No. 147

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2311

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
1323 Cherry - 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: 77 yrs In hospital or institution. (Specify whether years, months or days)

In this community 77 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 47

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

(d) Street No. 1323 Cherry
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN COX

3. (b) If veteran, name war. NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 5 day 22
year 1946 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Apr 24
1944, to May 22 1944
that I last saw him alive on May 22 1944
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 9 1869
(Month) (Day) (Year)

Immediate cause of death

Arricular Fibrillation
Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

93 D

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>0</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name John Cox

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

14. Maiden name Charlotte Price

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

16. (a) Informant Lula Pippin

(b) Address 1323 Cherry

17. (a) BURIAL (b) Date thereof 5-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hills

18. (a) Signature of funeral director Mrs C. L. Foster

(b) Address 918 Brooklyn

19. (a) 5-24-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 D

23. Signature [Signature] (M. D. or other) [Signature]

Address 1034 [Address] Date signed 6/23/46

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

15490

103 North Elmwood
Be 4191
Dr. Will Linnick
here I sign them
on Fri AM
OK 4484

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 Reis A. G. O. O.

Licensed Embalmer No. 4416

P. O. Address 918920 Brooklyn, N.Y.

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.