

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

FILED JUN 10 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2348

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Research
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

In this community 13 days

3. (a) PRINT FULL NAME Earl Cox

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 23, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>6</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER

12. Name John Henry Cox

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

14. Maiden name Leicester

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

16. (a) Informant Hospital records

(b) Address Kansas City Mo

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 5-26-46
(Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Mo

18. (a) Signature of funeral director E. Leubach

(b) Address 6x Celser Springs Mo

19. (a) 5-26-46
(Date received local registrar)

(b) Heraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Ray 89

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th
year 1946, hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 13, 1946 to 5-26, 1946
that I last saw him alive on 5-26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis Duration 4 days

Due to perforation of small intestine (terminal ileum) due to ulceration

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

Major findings: _____

Of operations 2015'

Of autopsy as 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? _____

While at work _____

(Specify type of place) _____

(c) Means of injury 0

23. Signature H.K.B. Albrecht (M. D. or _____)

Address 2380 Holmes K.C. Mo Date signed 5-26-46

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

15491

JUN 20 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..... *Claude Richard*

Licensed Embalmer No. *2751*

P. O. Address..... *Excelsior Springs, 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.