

FILED MAR 3 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 262

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
2712 So. 14th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)

3. (a) PRINT FULL NAME Judith K. Cox

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 30 1946  
(Month) (Day) (Year)

8. AGE: Years 10 Months 8 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None Infant

11. Industry or business None

12. Name Vearl Cox

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

14. Maiden name Dorothy Rodgers

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

16. (a) Informant Vearl Cox

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof 2/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osawatomie, Kans.

18. (a) Signature of funeral director Walter Bowman

(b) Address St. Joseph, Mo.

19. (a) 2-26-47 (b) K. S. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2712 So. 14th  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 1947 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 19 47  
to Feb 20 47  
that I last saw her alive on Feb 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 da

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

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 107

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)  
Means of injury \_\_\_\_\_

23. Signature W. R. Moore (M. D. or branch)

Address St. Joseph, Mo. Date signed 2/20/47

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**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.....

*Eugene Wood*

Licensed Embalmer No. *5804*

P. O. Address *318 So 10th St Joseph, 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.**