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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **206225**  
**3073**  
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

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: **St Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital ~~or~~ institution **2 1/2 hrs**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Robert C Cox**  
3. (b) If veteran, name war **W. W. 2**  
3. (c) Social Security No. **512-12-9089**

4. Sex **male** 5. Color or race **wh**  
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 **June 1 1928**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**20 1 26** hr. min.

9. Birthplace **Overland Park Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business **Kansas University**

12. Name **Robert C Cox**

13. Birthplace **Perry Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Paula F Hoffmann**

15. Birthplace **Overland Park Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Pearl F Cox**

(b) Address **8249 Valley View Overland Park Kansas**

17. (a) **Removal** (b) Date thereof **7-26-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Overland Park Kans**

18. (a) Signature of funeral director **J Roger Rose**

(b) Address **Overland Park Kans**

19. (a) **7-28-48** (b) **Gertrude Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Kansas** (b) County **Johnson** **999**  
(c) City or town **Overland Park** **14**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **8249 Valley View** **2**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **27**  
year **1948** hour **7** minute **15 P.M.**  
21. I hereby certify that I attended the deceased from **7-27-48**  
\_\_\_\_\_ 19\_\_\_\_ to **7-21-48** 19\_\_\_\_  
that I last saw him alive on **7-27-48** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral & intra cerebral hemorrhage** Duration **4 hours**  
Due to **hypoplastic vasculo** **year**  
**idiosa**  
Due to **partial coarctation of aorta congenital** **year**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none 157 f**  
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) (e) Means of injury \_\_\_\_\_  
23. Signature **Duff Glenn Elliott** **M.D.**  
Address **1102 Grand K.C. Mo** **28 Jan 48**  
(M. D. or other) Date signed

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

MOTHER FATHER

AUG 25 1948

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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 J. Ray Woz  
Licensed Embalmer No. 3579  
P. O. Address Oakland Park

**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.**