

State File No. 4785
490
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:
North East Restoriam 3240 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year 4
In this community 45 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Grizella 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, 2 divorced Widow
6. (b) Name of husband or wife A.B. Cox 6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 1 13 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name William M. Cassidy

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

14. Maiden name Rose Anna

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

16. (a) Informant Mr. A.W. Hawkins

(b) Address Olathe Kansas.

17. (a) Burial (b) Date thereof 2-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

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

(b) Address Kansas City, Missouri

19. (a) 2-3-47 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3240 Norledge 85
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th.
year 1947 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov
1946 to Jan 30 1947
that I last saw her alive on Jan 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure 1 day
hypostatic pneumonia 1 wk.

Due to

Due to

Other conditions Gastric Intestinal malign cancer
(Include pregnancy within 3 months of death)

terminal intestinal obstruction PHYSICIAN

Major findings:
Of operations

Of autopsy 4.6 mi

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 2 20

23. Signature Thereldine Holmes (M. D. or other)
Address 205 Barfield Date signed 2-1-47

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

MOTHER FATHER

Dr. Helen Henry

Funeral Home
Rm 0336

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.....

Jerry A. Minor....., Registered Apprentice No. 437,
working under my personal supervision.

Signed Corland Minor.....

Licensed Embalmer No. 3414.....

P. O. Address 918 Brooklyn.....

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.