

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 810 Valentine Road  
(d) Length of stay: In hospital or institution 30 years  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 810 Valentine Road  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Crawford Cotton  
(b) If veteran, name war no. (c) Social Security No. 487-03-5213

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mina B. Cotton  
6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased December 21 1892

8. AGE: Years 49 Months 5 Days 11 If less than one day

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

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER { 12. Name William J. Cotton  
13. Birthplace Missouri  
14. Maiden name Effie Hurd  
15. Birthplace Kentucky

16. (a) Informant Mrs. Mina Cotton  
(b) Address 810 Valentine Road, Kansas City, Mo.

17. (a) Removal (b) Date thereof 6-5-42  
(c) Place: burial or cremation Tipton, Missouri

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-4-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 2nd  
year 1942 hour 7:00 minute P. M.

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

Immediate cause of death: Death by Hanging Strangulation  
Due to 164a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 6-2-42  
(c) Where did injury occur? Jackson, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician (M. D. or other) [Signature]  
Date signed

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 E. M. Plauts

Licensed Embalmer No. 1848

P. O. Address H. C. 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.**