

19813

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 290Primary Registration District No. 6188Registrar's No. 15

## 1. PLACE OF DEATH:

- (a) County Wayne  
 (b) City or town Wappapella  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_
- 
- (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days8. (a) PRINT FULL NAME W<sup>M</sup> JEFFERSON FOX

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MINNIE FOX 6. (c) Age of husband or wife if alive 62 years7. Birth date of deceased Oct 18 1867  
(Month) (Day) (Year)8. AGE: Years 72 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Nashville Tenn  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name unknown  
 { 13. Birthplace unknown  
 { 14. Maiden name unknown  
 { 15. Birthplace unknown

16. (a) Informant's own signature Blanche Davis(b) Address 7034 Bembach St St Louis Mo17. (a) Burial (b) Date thereof May 25-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wappapella Cem18. (a) Signature of funeral director W.H. Phelps(b) Address Hopson Building19. (a) May 21 (b) Malley Beasley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State
- MO
- (b) County
- BUTLER

(c) City or town WAPPAPELLA  
(If outside city or town limits, write "RURAL")(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1940 hour 80 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from Jan 1940  
to May 24, 1940that I last saw him alive on May 18, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Cancer of Duration \_\_\_\_\_  
the prostate gland years

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

Due to 51Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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: O.A. Meyer (M. D. or other) \_\_\_\_\_Address Greenville, Mo Date signed 5/24/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**