

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27619**
3253
Registrar's No.

Registration District No. **399**

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:
2208 East 21st St. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **40 years**
years, months or days

3. (a) PRINT FULL NAME **Aaron W. Fox** **200**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Eva Fox** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **October 8, 1870**
(Month) (Day) (Year)

8. AGE: Years **69** Months **10** Days **6** If less than one day
hr. _____ min.

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

10. Usual occupation **Porter**

11. Industry or business _____

MOTHER FATHER
12. Name **Benjamin Fox**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ankusian**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eva Fox**
(b) Address **2208 East 21st St.**

17. (a) **burial** (b) Date thereof **8/17/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Thaddeus B. Shaw**
(b) Address **1729 Lydia**

19. (a) **Aug. 17, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2208 East 21st St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **8** day **14** year _____ hour _____ minute **40**

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

Immediate cause of death **Hyper-tension myocardium**
Due to **Chronic Nephritis**
Due to **93 B'**

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) _____
(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? **361**

(Specify type of place) While at work? _____ (e) Means of injury **5**
23. Signature **W. Sullivan** (M. D. or other) _____
Address _____ 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 *Isaac Jerome Maslo*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.