

Registration District No. 605

Primary Registration District No. 4359

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Corrington sup.
(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 2
In this community Three months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Parma R 2
(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.

3. (a) PRINT FULL NAME Annie Elizabeth Fox

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Samuel Fox 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 16, 1879
(Month) (Day) (Year)

8. AGE: Years _____ Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace East Prairie Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ivan Russell

13. Birthplace Tennessee U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Smith

15. Birthplace Missouri U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Fox

(b) Address Rt 2, Parma Mo

17. (a) Burial (b) Date thereof Sept 3, 1940
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Parma Mo

19. (a) 9/2/40 (b) Dr. Charles
(Date of first local registrar) (Initials of supplier)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1940 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 2 to Sept 9, 1940 to Sept 27, 1940, that I last saw her alive on Sept 1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Malarial Chills 7 day

Due to _____

Other conditions: 2/8
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____
Of autopsy ✓

Duration 7 day
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?
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While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Raydon Carstensen M. D. or other _____
Address Parma Mo Date signed Sept 27

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2,

District File Number 1040-158

Date Filed 10/14/40

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.