. 2
3-40
-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2260

Registration District No. 197 Primary Registration District No. 5276 Registrar's No.

1. PLACE OF DEATH:
(a) County Clay
(b) ~~City or town~~ rural Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt #1 Gashland, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Clay
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1 Gashland, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

24
3
0

3. (a) PRINT FULL NAME Eugenia Fox MALCOLM

3. (b) If veteran, name war no
3. (c) Social Security No. no

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

6. (b) Name of husband or wife Robert Bruce Malcolm
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 8, 1889 (Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Kansas City, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name George A. Fox
13. Birthplace Kenosha, Wisc. / (City, town, or county) (State or foreign country)
14. Maiden name Eugenia Kiser
15. Birthplace Powder Springs, Georgia / (City, town, or county) (State or foreign country)

16. (a) Informant George A. Fox
(b) Address 1812 Oakland, K. C. Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill, K.C.Mo.

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) 1/27/41 (Date received local registrar) (b) John S. Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from Sept 7, 1940, to Jan 27, 1941, that I last saw her alive on Jan 27, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Post Pituitary Gland in Brain	8 mos
Due to Metastasis of Carcinoma of Breast	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

SD

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? (Specify type of place)
While at work? (e) Means of injury

963

23. Signature Burton Maltby (M. D. or other) M.D.
Address Liberty Mo Date signed 27-1-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-15-41

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 Harold L. Posson, Registered Apprentice No. ....., working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

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.