

FILED AUG 13 1941

Primary Registration District No. 6270

Registrar's No. 18

200

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

1. PLACE OF DEATH: *Christian*

(a) County: *Christian*

(b) City or town: *Rural S Galloway Twp*

(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 _____

In this community: *65 yr. 1* (Specify whether years, months or days)

3. (a) PRINT FULL NAME: *John Reynold Fox*

3. (b) If veteran, name war: *L*

3. (c) Social Security No.: _____

4. Sex: *male*

5. Color or race: *white*

6. (a) Single, widowed, married, divorced: *married*

6. (b) Name of husband or wife: *Margit Fox*

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: *April 3-1886*

8. AGE:	Years	Months	Days	If less than one day
	<i>75</i>	<i>3</i>	<i>11</i>	hr. _____ min.

9. Birthplace: *Illinois*

(City, town, or county) _____ (State or foreign country) _____

10. Usual occupation: *Farming*

11. Industry or business _____

12. Name: *Geo. W. Fox*

13. Birthplace: *Ireland 4*

(City, town, or county) _____ (State or foreign country) _____

14. Maiden name: *Cordelea Ann Carter*

15. Birthplace: *unknown 9*

(City, town, or county) _____ (State or foreign country) _____

16. (a) Informant: *Elmer Fox*

(b) Address: *Poise de Leon Mo*

17. (a) *Burial* (Burial, cremation, or removal)

(b) Date thereof: *July-16-41*

(Month) (Day) (Year)

(c) Place: burial or cremation: *Highlandville, cem*

18. (a) Signature of funeral director: *J.W. Maples*

(b) Address: *Clever Mo*

19. (a) *Aug 1-1941* (Date received local registrar)

(b) *Faretta Leonard* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Mo.*

(b) County: *Christian 022*

(c) City or town: *Rural*

(If outside city or town limits, write "RURAL")

(d) Street No.: *Highlandville, Star Route*

(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *14* -

year *1941* hour *5* minute *P.* M.

21. I hereby certify that I attended the deceased from *July 17* 19*41*, to *July 24* 19*41*;

that I last saw ~~him~~ *her* alive on *July 14-1941* 19*41* and that death occurred on the date and hour stated above.

Immediate cause of death: *Heart trouble*

Dead sudden, but had

Due to *had heart trouble for long time*

Due to _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 _____

23. Signature: *J.H. Hude* (M. D. or other) *D*

Address: *Osark Mo* Date signed *7/24/41*

RECEIVED

District Health Officer No. 6,

District File Number 841-1360

Date Filed AUG 11 1941

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.