S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 746

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3343

Primary Registration District No. 4460

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Lesterville Tenn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LReynoldsle 90

(c) City or town Lesterville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Jennie Fox

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 9

6. (b) Name of husband or wife Joe Fox

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

7. Birth date of deceased June 27 (Month) 1880 (Day) (Year)

8. AGE: Years 61 | Months 6 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Kingston (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Richard Caine
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Carl Swinford
(b) Address Lesterville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Leadington Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address C. J. White Ironton Mo.

19. (a) Jan 22 1942 (Date received local registrar) Tony Willington (Registrar's signature)

1194

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from [illegible] 1941
..... 1942 to Jan 22 1942
that I last saw her alive on Dec 1942
and that death occurred on the date and hour stated above.

Immediate cause of death murder
Fractured skull

Due to .....

Due to hit in head

Other conditions .....
(Include pregnancy within 3 months of death)

167

Major findings:
Of operations .....

Of autopsy Corona Inquest

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 Jan 21 1942

(c) Where did injury occur? Lesterville Reynolds Mo
(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? Home (e) Means of injury J

23. Signature Dr. R. Pirtle (M. D. or other)
Address [illegible] Date signed 1-21-42

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1942

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Trenton Tenn.

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.