

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13662**

FILED MAY 23 1942
19

Registration District No. _____

Primary Registration District No. **4013**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **Atchison**
(b) City or town **Rock Port**
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **EMILY JANE FOX**

3. (b) If veteran, name war _____ 3. (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 **Geo. Fox** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **11** (Month) **18** (Day) **1861** (Year)

8. AGE: Years **80** Months **5** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Germantown** (City, town, or county) **N.C.** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **SANFORD Sizemore**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **MARY SHELTON**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary Emerson**
(b) Address **Rock Port, MO**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-21-1942** (Month) (Day) (Year)
(c) Place: burial or cremation **Green Hill**

18. (a) Signature of funeral director **Wm. Bartholomew**
(b) Address **Rock Port, MO**

19. (a) **4-21-1942** (Date received local registrar) (b) **Edith Joyce** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Atchison**
(c) City or town **Rock Port**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19th** year **1942** hour **10** minute **15** A.M.

21. I hereby certify that I attended the deceased from **April 10** 1942 to **April 19** 1942
that I last saw her alive on **April 19** 1942
and that death occurred on the date and hour stated above.
Immediate cause of death **Lobar pneumonia** Duration **3 days**

Due to **Chronic nephritis** Unknown
Chronic myocarditis Unknown
Due to **Asthma** 30 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **Marvin T. McNeal** (M, D. or other) **D.O.**
Address **Paris, MO** Date signed **4-20-42**

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Graz Barchelmann

Licensed Embalmer No. *3173*

P. O. Address. *Rock Port 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.