

FILED DEC 7 8 1942

4496

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community 39 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 321 So. Lawndale  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME William John Fox

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Mary Fox 6. (c) Age of husband or wife if alive Nov. 22 1869 years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Canada (City, town, or county) (State or foreign country)

10. Usual occupation Retired Switchman

11. Industry or business A.R.

12. Name John Fox

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Sarah Donohue

15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anne Fox

(b) Address 321 So. Lawndale

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 5-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 118 Brooklyn

19. (a) 12-4-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 3 - THURSDAY  
year 1942 hour 8 minute 25 AM.

21. I hereby certify that I attended the deceased from July 10 1940 to Dec 3 1942  
and that I last saw him alive on Dec 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis Duration  
Bronchopneumonia

Due to 12/2 AM  
Due to .....

Other conditions left inguinal hernia  
(Include pregnancy within 6 months of death)

Major findings: Right strangulated hernia PHYSICIAN  
Of operations Right suprapubic incision  
(See stab sec)  
Of autopsy ✓  
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? .....

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

23. Signature M. M. Brown (M. D. or other) Address .....

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

MOTHER FATHER

*Dr Conley embalmers*

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**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

*Permit C. Browning*

Licensed Embalmer No. *2724*

P. O. Address. *P. O. Box*

**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.**