. S. No. 2
DM—5-42
ev. 5-17-39
X32873

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

FILED MAR 1 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9498

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 8 11

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8

(c) City or town Warsaw 0
(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 — 0

3. (a) PRINT FULL NAME Martha Ellen Fox

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph F. Fox

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

7. Birth date of deceased Oct. (Month) 1 (Day) 1888 (Year)

8. AGE: Years 54 Months 4 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Camden County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Walters
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Pheobia Hedrick
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Mildred Kauffman
(b) Address Warsaw, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cem. Crocker, Mo.

18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.

19. (a) 2/3/43 (Date received local registrar) (b) Jas A Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1943 hour 9 a.m. minute ..... M.

21. I hereby certify that I attended the deceased from 1-20-43 — 19— to 2-3-43 19..; that I last saw h. sr alive on 2-1-43 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to following Influenza Streptococcic

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 James Logan (M. D. or [redacted])

Address Warsaw, Mo. Date signed 2/3/43

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 1941

RECEIVED
District Health Officer No. 7
District File Number 2-43-11
Date Filed 3-3-43

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 .....

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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.