

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

25452
Do not use this space.

JUL 21 1943

(a) County Mc Donald Registration District No. 11-6-7-194
 (b) Township Center Primary Registration District No. 5260 Registered No. 11
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oscar Oscar Fox
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) _____
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Fox
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Henry Fox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Nancy Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Laura Fox (ADDRESS) Fowell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fox Cem Fowell DATE JULY 4 1943

19. FUNERAL DIRECTOR (NAME) Wm Morris Boggs (ADDRESS) Meaton, Mo.

20. FILED July 10 1943 L. E. Kirk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1943
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 1944 to June 30 1943
 I last saw him alive on March 1943. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris
94%
 Date of onset 1/4/43
 Other contributory causes of importance:
High tension and Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) O. Cardwell, M. D.
 (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

LED 69 3 0

50M-9-19-33 I 16625

RECEIVED

District Health Officer No. 6,

District File Number 745-883

Date Filed JUL 20 1943

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 Wm Morris Rognie

Licensed Embalmer No. 3447

P. O. Address Wheeler, 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, above space should be left blank.