

V. S. No. 2  
FORM-2-43  
Revised 5-17-39  
1 X35697

30711

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3836

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 21 1943

Registration District No. 149

Primary Registration District No. 1002

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

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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

In this community 37 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Raytown - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 2, Hickman Mills  
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME Mr. Francis Fox

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th  
year 1943 hour 2 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Clara Fox 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September 11 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 10 1943 to Sept 5 1943  
that I last saw him alive on Sept 4 10:20 PM 1943  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>11</u>	<u>24</u>	hr. _____ min.

Immediate cause of death Coronary thrombosis Duration Instant

9. Birthplace Little Falls New York  
(City, town, or county) (State or foreign country)

Due to Coronary Sclerosis 4 yrs.

10. Usual occupation Retired - 2 1/2 Years

Due to Hypertension 10 yrs

11. Industry or business Druggist

Other conditions Mitral Insufficiency ?  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Thomas Fox

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Wakis

15. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

Major findings: Of operations 9/4

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Francis J. Fox

22. If death was due to external causes, fill in the following:

(b) Address Raytown, Missouri

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7, 1943  
(Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial of cremation Calvary Cemetery

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director D. H. Newcomer's Son

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address 1401 Brush Creek Blvd.

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

19. (a) 9-6-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Raytown, Mo Date signed 9-6-43

Dr. [redacted] 4, 21 [redacted]  
[redacted] 130-7

**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..... *H. C. Newcomer Jr*

Licensed Embalmer No..... *4045*

P. O. Address..... *A. C. 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.**