

FILED JAN 25 1944

Registration District No. 128

Primary Registration District No. 5466

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, N. S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clark Oates 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 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Georgia Fox

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Harris R. Fox

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 30 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business own house work

12. Name William E. Fox

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

14. Maiden name Sarah Sloan

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

16. (a) Informant Harris R. Fox

(b) Address Willard Mo

17. (a) Burial (b) Date thereof Jan 13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wiley Chapel

18. (a) Signature of funeral director Guida B. Brown

(b) Address Ward Brown Mo

19. (a) 1-11-1944 (b) G. W. Hardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Willard Mo
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1944 hour 11:08 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8, 1944, to Jan 9, 1944, that I last saw her alive on Jan 9, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial & respiratory failure

Due to toxicosis of dehydration

Due to 2nd degree burns of 1/2 of body surface

Other conditions (Include pregnancy within 3 months of death)

Major findings: 181-1

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) 039 Accident

(b) Date of occurrence Jan 5, 1944

(c) Where did injury occur? Willard, Greene, Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury blow

23. Signature Guida B. Brown Date signed 1/11/44
Address Willard, Mo

REB
1 1957

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.....

Gene A. Brown

Licensed Embalmer No.....

2664

P. O. Address.....

Walnut Grove 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.