

Registration District No. 25-1

Primary Registration District No. 5864

Registrar's No. 77

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Rural Union Twp
(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 _____ 3 days
years, months or days

3. (a) PRINT FULL NAME Aliee Elizabeth Fox
3. (b) If veteran, name war _____ 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 Millard F Fox 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Sept 28 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 7 5 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John F Stultz

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

14. Maiden name Marion

15. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Anderson
(b) Address Rocky Mt

17. (a) Rural (b) Date thereof 5-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount City Mo

18. (a) Signature of funeral director W. R. Fairman
(b) Address Mount City Mo

19. (a) 5-4-44 (b) Aunt Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Holt
(c) City or town Mount City
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1944 hour 14 minute 15 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Due to acute dilatation of heart
Due to coronary arterio sclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 9504
Of operations _____
Of autopsy Coronary Inquest

Duration

5 min

5 yrs

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. R. Fairman (M. D. or other) _____
Address Merigold, Mo Date signed 5-4-44

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

MOTHER FATHER

MAY 25 19

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.....

W. H. Crawford

Licensed Embalmer No. *1824*

P. O. Address *Mound City, 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.