

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 22 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37330  
Registrar's No. 936

Registration District No. 41

Primary Registration District No. 3008

1. PLACE OF DEATH: CALLAWAY  
(a) County CALLAWAY  
(b) City or town FULTON  
(c) Name of hospital or institution: CALLAWAY HOSPITAL  
(d) Length of stay: In hospital or institution 0  
In this community 0 years, months or days

3. (a) PRINT FULL NAME ALMA FOX  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ALFRED M. FOX 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased UNKNOWN

8. AGE: Years About 58 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace FAIRFAX Co. V.I.R. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WILLIAM H. FOX  
13. Birthplace V.I.R. 1  
14. Maiden name CATHERINE JOHNSON  
15. Birthplace WARRENTON  
(City, town, or county) (State or foreign country)

16. (a) Informant A.M. FOX  
(b) Address FULTON, MO

17. (a) BURIAL (b) Date thereof Oct. 15, 1944  
(c) Place: burial or cremation Hill-Crest Fulton, MO

18. (a) Signature of funeral director Glenn Y. Maupin

(b) Address 712 Court St. Fulton, Mo.

19. (a) Oct 15-1944 (b) Jane Morantoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County CALLAWAY 14  
(c) City or town FULTON  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

20. DATE OF DEATH: Month October day 12  
year 1944 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from 6/10, 1944, to 10/14, 1944  
that I last saw her alive on 10/14, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death acute intestinal obstruction

Due to adhesions

Due to 930

Other conditions chr. myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations acute intestinal obstruction due to P.O. adhesions  
Of autopsy none

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

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Henry Duest (M. D. or other) M.D.  
Address Fulton Mo. Date signed 10/14/44

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

RECEIVED

District Health Officer No. 9

District File Number \_\_\_\_\_

Date Filed 11-17-44

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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. 2725

P. O. Address.....

Fulton, 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.**