

FILED FEB 11 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **87**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1905 South 39th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 South 39th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfonzo F. Fox

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maggie Fox 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 28 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation retired carpenter

11. Industry or business _____

12. Name William Fox

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

14. Maiden name Mary Mance

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

16. (a) Informant Mrs. A. F. Fox

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 1/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mémorial Park

18. (a) Signature of funeral director Theodor Berthel Bowman

(b) Address St. Joseph, Mo.

19. (a) Jan. 25, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1946 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from Jan. 16 1946 to Jan. 22 1946
that I last saw him alive on Jan. 20 1946
and that death occurred on the same and hour stated above.

Immediate cause of death Coronary Myo. Carcinoma
Duration to great known

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93d

Of autopsy _____

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) md

Address 8301 Benton St. St. Joseph, Mo. Date signed 1-23-46

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

123

Mr. J. W. Finney
2801 Revere
4-2527

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 22 Jan 4
....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman
Licensed Embalmer No. 3619
P. O. Address St. Joseph, 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.