

FILED MAR 13 1948

Registration District No. 349

Primary Registration District No. 4574

State File No.

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Sullivan County
(b) City or town Green City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Three years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Annie Marie Fox

3. (b) If veteran, name war X
3. (c) Social Security No. X

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

6. (b) Name of husband or wife. None
6. (c) Age of husband or wife if alive. years

7. Birth date of deceased July 20th 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 15
If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business

12. Name Adam Fuchs

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

14. Maiden name Eva Marie Eckel

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry Fox

(b) Address Bethel, Missouri

17. (a) Burial (b) Date thereof 1-8-1946
(Burial, or date of cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Million & Barkeley
(b) Address Shelbina, Mo

19. (a) Jan 8-1946 (b) Curra M. Shaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Bethel
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1946 hour 1 minute 0 P.M.

21. I hereby certify that I attended the deceased from Jan 1 to Jan 5, 1946
that I last saw her alive on Jan 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Lobar PNEUMONIA
Duration 3 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 of Curra M. Shaw (M. D. or other)

Date signed 1-7-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 3-46-411
Date Filed MAR-1-1-1946

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.....

Ellis Hawkins

Licensed Embalmer No.....

3498

P. O. Address.....

Shelburne Vt

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.