

FILED APR 5 1946

Registration District No. 250

Primary Registration District No. 4374

State File No. _____

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Madawaski
(b) City or town Conception mo
(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 all of life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madawaski
(c) City or town Conception mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALOYS JOHN FOX

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

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased month 31 1879
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Conception mo
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER
12. Name Carol Fox
13. Birthplace Hennett
(City, town, or county) (State or foreign country)
14. Maiden name Mary Eckstein
15. Birthplace Hennett
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Fox
(b) Address Conception mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danger and

18. (a) Signature of funeral director: Traddles & Phillips
(b) Address Conception mo

19. (a) Feb 13, 1946 (b) Mrs M. Egan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1946 hour 8 minute 15 a M.

21. I hereby certify that I attended the deceased from Oct. 3, 1945
Oct 3, 1945, 19 to Feb 12, 1946
that I last saw him alive on Feb 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Arteriosclerosis and Myocardium
Due to Hypertension

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 830
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) (c) Means of injury _____

23. Signature E. Ackley (M. D. or other) MD
Address Conception mo Date signed 2-12-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9179

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.....

Lester H. Phillips

Licensed Embalmer No. *1898*.....

P. O. Address *Stonington Md*.....

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.