S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22615

State File No.

Registration District No. 8

Primary Registration District No. 4021

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Laddonia (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 years, months or days) 15 days In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico (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

3. (a) PRINT FULL NAME Mattie Fox

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Solaman Fox

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 18, 1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days. If less than one day hr. min.

9. Birthplace Audrain County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Milton Fox

13. Birthplace Monut Sterling, Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Delia Kilgore

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

16. (a) Informant John Anderson

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pruitt

(b) Address Mexico, Mo.

19. (a) 7-22-46 (Date received local registrar) (b) Martha Kennon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 5 hour / minute P. M.

21. I hereby certify that I attended the deceased from July 10 — 1946, to July 18 1946 that I last saw her alive on July 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Uterus — Duration 1 year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HK

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. K. McCall (M. D. or other)

Address Laddonia Mo. Date signed 7-18-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1449
Date Filed JUL 25 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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.