

1. PLACE OF DEATH: Phelps
 (a) County
 (b) City or town. Rural Dawson Township
 (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 1
 (Specify whether
 In this community 50 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Phelps 81
 (c) City or town Rural - St James
 (If outside city or town limits, write "RURAL")
 (d) Street No. Dawson Township
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Lillie S. Fox
 (b) If veteran, ✓ name war
 (c) Social Security No. L

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 14
 year 1947 hour 1 minute 0 M.
 21. I hereby certify that I attended the deceased from June 12 to July 14 1947
 that I last saw her alive on July 14 1947
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Orsan Fox
 (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased July 4 1894
 (Month) (Day) (Year)

Immediate cause of death Coronary Embolism
 Due to Chronic Myocarditis
 Duration 1 Day
67

8. AGE: Years 53 Months 10 If less than one day
 hr. min.

Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Q3
 Of operations
 Of autopsy

9. Birthplace Phelps Co MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

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

MOTHER FATHER
 11. Industry or business
 12. Name Wm Enyele
 13. Birthplace MO
 (City, town, or county) (State or foreign country)
 14. Maiden name Rodell Smith
 15. Birthplace MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Orsan Fox
 (b) Address Roberti MO
 17. (a) Burial (b) Date thereof 7-14-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation miles Cem

23. Signature William H Brew (M. D. or other)
 Address St James MO Date signed 7/15/47

18. (a) Signature of funeral director Chas E Tucker
 (b) Address St James MO
 19. (a) Aug 4 1947 (b) Para Birmingham
 (Date received local registrar) (Registrar's signature)

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

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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Orval E. Lickel*.....

Licensed Embalmer No. *3546*.....

P. O. Address *St. James 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.