S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5391

State File No.

FILED FEB 20 1948

Registration District No. 19 Primary Registration District No. 5671 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Truxton 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 years, months or days) In this community 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Truxton
(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 HOMER MARTEEN FOX
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Fox
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 22 1883 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business /
FATHER
12. Name Wm. Taylor Fox
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Blackburn
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Bertha Fox
(b) Address Truxton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo
18. (a) Signature of funeral director Wayne M. Coy
(b) Address Troy Mo
19. (a) 2-14-1948 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1948 hour 2 minute 45A M.
21. I hereby certify that I attended the deceased from Feb. 2, 1948, to, 19; that I last saw him alive on Feb. 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Atheroma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 A. N. MacRae (M. D. or other) D.O.
Address Warrenton, Mo. Date signed 2/6/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2/18/48

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 Wayne McCoy

Licensed Embalmer No. 35-86

P. O. Address Troy 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.