

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

Registration District No. 317

Primary Registration District No. 6076

**1. PLACE OF DEATH:**  
(a) County St. Louis, County  
(b) City or town Kemblech  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Scott + Jones  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 6 mo. years, months or days

**3. (a) PRINT FULL NAME** LIZZIE B. Fox  
3. (b) If veteran, name war no  
3. (c) Social Security No. no card

4. Sex Female 5. Color or race C  
6. (a) Single, widowed, married, divorced M  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Sept 19 1897  
(Month) (Day) (Year)

**8. AGE:** Years 50 Months 10 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Leato miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name Willie R. Carter  
13. Birthplace Leato miss  
(City, town, or county) (State or foreign country)  
14. Maiden name Lylia upshaw  
15. Birthplace Leato miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Will H. Carter  
(b) Address Scott + Jones

17. (a) Burial (b) Date thereof 8 / 4 / 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Wright's Funeral Home  
(b) Address 3100 Bostall ave

19. (a) 8-3-48 (b) Carl A. Sharp  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town Kemblech  
(If outside city or town limits, write "RURAL")  
(d) Street No. Scott + Jones  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Aug day 1st  
year 1948 hour 4 minute 52 P. M.  
21. I hereby certify that I attended the deceased from 11/18 1948 to Aug 1st 1948  
and that death occurred on the date and hour stated above.  
that I last saw her alive on 8-1 1948

Immediate cause of death Cerebral infarct  
Duration 1 year

Due to \_\_\_\_\_  
Due to 48 h

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none  
**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) L  
(b) Date of occurrence 2  
(c) Where did injury occur? C  
(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 C

23. Signature Ray Johnson M. D. or other \_\_\_\_\_  
Address Johnson Date signed 8/1/48

6: P.M.

**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 Arthur L. Hollis

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

**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.**