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

State File No. 29621

FILED SEP 20 1948

Registration District No. 41

Primary Registration District No. 5554

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Pottersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 73
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell
(c) City or town Pottersville
(If outside city or town limits, write "RURAL")
(d) Street No. Pottersville Rt.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allen Pierce Fox
3. (b) If veteran, name war None
3. (c) Social Security No. none
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jennie Fox
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January 22 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	6	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name Joe Fox
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Ann Crider
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Jennie Fox
(b) Address Pottersville
17. (a) burial (b) Date thereof 9-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leddbetter Cemetary
18. (a) Signature of funeral director Robertson's
(b) Address West Plains, Missouri
19. (a) Sept 8-1948 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28
year 1948 hour 6:45 minute P.M.
21. I hereby certify that I attended the deceased from 8/28, 1948, to 8/28, 1948
that I last saw him alive on 8/28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac dilatation	48 hrs
Due to: Mitral Regurgitation	4 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 92 B	
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 Maurice Thompson (M. D. or other) MD
Address West Plains Mo Date signed 8/30/48

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

RECEIVED 9-13-48
District Health Officer No. 5,
District File Number 946582
Date Filed 9-14-48

OCT 19 1948

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 D. D. Robertson

Licensed Embalmer No. 3432

P. O. Address .....

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.