DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1942

Registration District No. 625

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3031

State File No. 3073

Registrar's No. 2

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 x19511

1. PLACE OF DEATH:
(a) County Nodoway
(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Rock Port. 0 (If outside city or town limits, write "RURAL") 0
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME Carter Ben Fox.
3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carolee Talley
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased 1 (Month) 20 (Day) 1859 (Year)
8. AGE: Years 82 | Months 11 | Days 13. | If less than one day ... hr. ... min.
9. Birthplace Morristown (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Fox.
13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name Martha Talley
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant's own signature Tom Fox
(b) Address Rock Port
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Linden Grove Cemetery
18. (a) Signature of funeral director Buckhannon
(b) Address Rock Port Mo.
19. (a) Jan 8 42 (Date received local registrar) (b) Maurice E. Clarke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3 year 42 hour ... minute ... M.
21. I hereby certify that I attended the deceased from Sept 1, 19 41, to Jan, 19 42, that I last saw him alive on Jan 3, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Carcinoma of Prostate	
Due to Ruptured kidney	3 mo.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinomatous prostate - ruptured kidney.
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) accident
(b) Date of occurrence Sept 1, 1941
(c) Where did injury occur? At home (City or town) Rockport (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)
While at work? ... (e) Means of injury Fell off
23. Signature B. F. Bryant (M. D. or other) M.D.
Address Burlington Jct. Mo. Date signed 1/3/42

(Licensed Embalmer's Statement on Reverse Side)

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. Grat Bartholomew

Licensed Embalmer No. 3173

P. O. Address. Oak Park 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, above space should be left blank.