

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.

MAR 19 1941

Registration District No. 684

Primary Registration District No. 5912

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Amber - Rural
(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 Not in hospital
(Specify whether)

In this community 25 yrs.
(years, months or days)

3. (a) PRINT FULL NAME Louisa Fox

8. (b) If veteran, name war No

8. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Fox - dead

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. - 3 - 1844
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>96</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace D.K. England
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Philip Keat

13. Birthplace D.K. England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Keat

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alvin Fox

(b) Address Bowling Green R.F.D.

17. (a) Burial (b) Date thereof Mar 1 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director W. B. E. Moore

(b) Address Bowling Green

19. (a) 3-1-41 (b) W. B. E. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 17th - 1937 to Feb. 26th - 1941; that I last saw her alive on Feb. 26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration _____

Due to _____

Due to _____

Other conditions Arterio-sclerosis
(Includes 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) _____

(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 _____

23. Signature J. B. Ryan M.D. (M. D. or other)

Address Bowling Green, Mo. Date signed 2/27

RECEIVED

District Health Officer No. 10

District File Number 3-41-480

Date Filed MAR 8 1941

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 W. B. Moore

Licensed Embalmer No. 3466

P. O. Address Boring Green

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.