

FILED JUN 10 1942 3

Registration District No. _____

Primary Registration District No. 5932

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
 (b) City or town 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 _____ (Specify whether)
 In this community 6 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Flemington Township
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Tempy Jane Fox

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Austin L. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mar 4 1860
 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Polk County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Bergen Austin

13. Birthplace Unknown Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Malinda Fox

15. Birthplace Polk Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant James H. Fox

(b) Address Humansville, Mo.

17. (a) Burial (b) Date thereof May 10 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plum Grove Cemetery

18. (a) Signature of funeral director E. H. Humm

(b) Address Humansville, Mo.

19. (a) Mo. 70 (b) _____ (Registrar's signature)
 (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8th
 year 1942 hour 8 minute 20 P. M.
 21. I hereby certify that I attended the deceased from 1940
 19 _____ to Apr 8 19 42
 that I last saw her alive on Oct 19 41
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 min

Due to Arterio Sclerosis

Due to _____

Other conditions 940
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 0

23. Signature Roscoe Clemens (M. D. or other) M.D.

Address Humansville Mo Date signed 5-9-42

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

MOTHER FATHER

REC.

RECEIVED
District Health Officer No. 7;
District File Number 6-42-616
Date Filed 6-9-42

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.

By me

Signed E.H. Pimm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18742

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk

(b) City or town 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 _____ (Specify whether
In this community 6 months years, months or days)

3. (a) PRINT FULL NAME Tempy J. Fox

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased mch 4 - 1869
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 15 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 10-42 (b) Ora M. Rich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 8 year 1942 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ 19____; that I have seen him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed MD

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

MOTHER FATHER

SUPPLEMENTARY

