

S. No. 2
4-5-42
3-17-39
5-1-40
108

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 9 1943

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(c) Name of hospital or institution
1002 S. College St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 7 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 S. College
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Jacob A. Fox

3. (b) If veteran name was no 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 2 divorced, widowed

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

7. Birth date of deceased December 16 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Peter Fox

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

14. Maiden name Benedicta Ochen

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

16. (a) Informant J. K. Cobley

(b) Address Metz, Missouri

17. (a) Removal (Burial, cremation, or removal) Pauld Okla. (b) Date thereof 6-7-1943
(Month) (Day) (Year)

18. (a) Signature of funeral director Allen Hays

(b) Address Nevada Mo.

19. (a) 6-7-43 (b) Abel B. Bewick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7
year 1943 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from 11-45 to 6-17 1943
that I last saw him alive on 5-15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure and
unknown

Due to unknown

Due to Renal insufficiency

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 730

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... V

(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. M. Galt (M.D. or other)

Address Nevada Mo. Date signed 6/7/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
District File Number 6-43-6067
Date Filed 1-6-43

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 Mack A. Baswell
Licensed Embalmer No. 2529
P. O. Address Merada 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.