

FILED SEP 13 1943

Registration District No. **300**

Primary Registration District No. **6029**

Registrar's No. _____

1. PLACE OF DEATH:-
(a) County **Reynolds**
(b) City or town **Rural Reynolds, Va.**
(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 **Life** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Reynolds**
(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 _____

3. (a) PRINT FULL NAME **Opal Fox**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **27**
year **1943** hour **1** minute **00** P. M.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elmer Fox** 6. (c) Age of husband or wife if alive **31** years
7. Birth date of deceased **July 16 1913**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
30 0 11 hr. _____ min.

Immediate cause of death **No Medical Attendance - Opinion formed from reports of relatives**
Due to **Death was probably due to Mitral Regurgitation**
Due to _____

9. Birthplace **Reynolds Co. Mo.** (City, town, or county) (State or foreign country)

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

10. Usual occupation **Housewife**

PHYSICIAN _____

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged etiologically.

12. Name **Virgil Faulkenberry**

13. Birthplace **Carter Co. Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Bessie Wible**

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

16. (a) Informant **Elmer Fox**

(b) Address **Burial Ellington Mo. 7-28-43**

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

(c) Place: burial or cremation **Dry Valley**

18. (a) Signature of funeral director **Phil A. Leuckel**

(b) Address **an Buren Mo.**

19. (a) **Aug. 27 1943 Bessie Evans** (Date of death) (Registrar's signature)

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 **Bessie Evans** or other **L.P.**

Address **Ellington Mo.** Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number

943561.

Date Filed

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 7-27-23

-----, Registered Apprentice No. -----
working under my personal supervision.

Signed

Philip A. Fenichel

Licensed Embalmer No.

2936

P. O. Address

Van Buren St

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10 SEP 13 1943
Registrar's No. _____

Registration District No. 300 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Rural Logan
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Opal 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 _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 16, 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 0 Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Sept 10, 43 (b) Fossie Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____ day _____ year 43 hour _____ minute 00 P. M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

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 _____

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

SUPPLEMENTARY

29161