

No. 2
-8-43
-17-39
X37023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17006**
Registrar's No. **1999**

Registration District No. **749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3436 Chestnut 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3436 Chestnut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. ALLAN CARLOS FOX

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Pearl Fox 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April 21 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Auditor

11. Industry or business _____
12. Name Ross G. Fox
13. Birthplace Pittsburgh Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Mary Belle DeLoe
15. Birthplace Carrollton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Fox
(b) Address 3436 Chestnut

17. (a) Burial (b) Date thereof May 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Meriah Cemetery

18. (a) Signature of funeral director J. J. Newcomer's Sons
(b) Address 1401 Bush Creek Blvd

19. (a) 5-8-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 4:00 minute _____ P. M.

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

Immediate cause of death Fatal gunshot wound of head.

Due to _____
Due to 164e
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy Inspection History

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence May 5 1944
(c) Where did injury occur? Kansas City MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

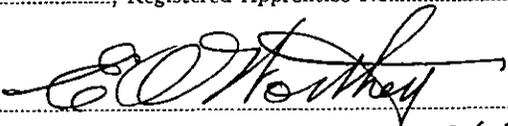
While at work? No (Specify type of place) _____
(e) Manner of injury Gunshot
23. Signature A. E. Wisher (M. D. or other) MO
Address 213 McRay Date signed 5/7/44

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

MOTHER FATHER

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 
Licensed Embalmer No. 1767
P. O. Address Kansas City 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.