S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42353

FILED DEC 18 1944

Registration District No. 340

Primary Registration District No. 6258

Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Greenville - rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Fi[illegible]
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town rural - Greenville
(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: JAMES FRANKLIN FOX

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Virginia Fox

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 24 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation carpenter

11. Industry or business .....

FATHER
12. Name Geo. Fox
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Stephens
(b) Address Greenville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18 1944
(Month) (Day) (Year)
(c) Place: burial or cremation New Greenville

18. (a) Signature of funeral director National Funeral Home
(b) Address Greenville, Mo.

19. (a) Oct 1 1944 (Date received local registrar) (b) Inez Bennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th
year 1944 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1944, to Sept. 17th, 1944
that I last saw him alive on Sept 17th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Locomotor Ataxia	2 yrs
Due to	
Due to 30a	
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?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Adam F. Wagner (M. D. ~~or other~~)
Address Greenville Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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. .....

P. O. Address .....

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.