. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 40098

Registration District No. 149 Primary Registration District No. 1003 Registrar's No. 5070

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: 4328 BELLEFOUNTAINE AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community 13 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 49
(c) City or town KANSAS CITY 5
(If outside city or town limits, write "RURAL")
(d) Street No. 4328 BELLEFOUNTAINE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME MRS EMMA LEE FOX

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. WILLIAM H. FOX

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased NOV. (Month) 16 (Day) 1863 (Year)

8. AGE: Years 82 Months 0 Days 22 If less than one day hr. min.

9. Birthplace LAFAYETTE CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business --

FATHER
12. Name H. WATERHOUSE
13. Birthplace LAFAYETTE CO. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name LUCINDA. HOUX
15. Birthplace LAFAYETTE CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR. WILLIAM H. FOX
(b) Address 4328 BELLEFONTAINE AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 11 1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FLORAL HILLS CEMETERY

18. (a) Signature of funeral director O. N. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 8th year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from DEC 1 1945, to DEC 8 1945 that I last saw her alive on DEC 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death BRON. PNEUMONIA — Duration 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

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 C. T. Henson M. D. (M. D. or other)
Address 3400 EAST 31 KC MO Date signed DEC 10 1945

(Licensed Embalmer's Statement on Reverse Side)

3400 East 31st Street
9-11-30; 2-7

## 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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.**