

**FILED** APR 17 1946  
Registration District No. 160

Primary Registration District No. 5572

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

12393

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Prairie Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County Emergency Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 3 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWARD EDGAR FOX  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida E. Fox 6. (c) Age of husband or wife if alive 12 years  
7. Birth date of deceased August 12, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Retired Drayman

11. Industry or business George E. Fox

12. Name McGregor Iowa  
(City, town, or county) (State or foreign country)

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

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

15. Birthplace Ida E. Fox  
(City, town, or county) (State or foreign country)

16. (a) Informant Removal  
(b) Address 2444 Claremont  
(c) Date thereof 1-17-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg Mo.  
Geo. C. Carson Funeral Home

18. (a) Signature of funeral director Independence Missouri  
(b) Address \_\_\_\_\_

19. (a) 1-16-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
Missouri Jackson 48  
(a) State (b) County  
(c) City or town Rural Independence 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2444 Claremont  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. Day 15 Year 1946 hour \_\_\_\_\_ minute 30 M.

21. I hereby certify that I attended the deceased from January 8 to January 15, 1946  
and that death occurred on the 15 date and hour stated above.

Immediate cause of death: Bronchopneumonia  
Uremia  
Due to Urinary Retention  
Prostatic hypertrophy  
(Benign)  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 107

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 2444 Claremont Bldg. Date signed 1/16/46

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**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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Indep 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.**