

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36956**  
Registrar's No. **4617**

Registration District No. **149**

Primary Registration District No. **1002**

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

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: **3401 Wabash**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **55 yrs** (Specify whether years, months or days)  
In this community **55 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3401 Wabash**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Jacob Fox**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Goldie Fox** 6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **-** Days **-** If less than one day hr. min.

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

10. Usual occupation **Merchant**

11. Industry or business

12. Name **Simon Fox**

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

14. Maiden name **Sophis (unknown)**

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

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

(b) Address **3401 Wabash**

17. (a) **Burial** (b) Date thereof **11/3/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield Cem**

18. (a) Signature of funeral director **P. Louis Funeral Home**

(b) Address **3400 W. Belland, K.C. Mo.**

19. (a) **11-2-46** (b) **Stralidine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **2**  
year **1946** hour minute M.

21. I hereby certify that I attended the deceased from **March** 19**46** to **Nov. 1,** 19**46**  
that I last saw him alive on **Nov. 1,** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myelophoroma metastasis in bone**  
Due to

Due to

Other conditions (include pregnancy within 3 months of death) **52a**

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 **J.R. Williams M.D.** (M.D. or other)  
Address **1310 Bryant Bldg** Date signed **11-2-46**

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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.....

*P. L. Lewis*

Licensed Embalmer No. *3110*

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.**