

FILED JAN 2 1947

Registration District No. 156Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 weeks
 In this community 25 years
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Fern Margaret Fox3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female 5. Color or race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Percy Fox
alive _____ years6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased February 1, 1908
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
38 9 26 _____ hr. _____ min.9. Birthplace Monett Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name B. C. Fitzwater13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Clara Donica15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Percy Fox(b) Address 2121 Jackson, Joplin, Mo.17. (a) Burial (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Osborne Memorial
Parker-Hunsaker

(a) Signature of funeral director _____

(b) Address 1502 Joplin Joplin, Mo.19. (a) 12-12-46 (b) Ed D. Janner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2121 Jackson
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, 27
year 1946 hour 4:45 minute A M.21. I hereby certify that I attended the deceased from
September 1943 to November 28, 1946
that I last saw her alive on November 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Metastasis Duration
of Adenocarcinoma of the rectum
Metastatic lesion about 6 months
resection of the rectum sig-
mold for Adenocarcinoma 12-3-46

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 46E
Of operations Adenocarcinoma of rectum
Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statisti-
cally.

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 night)
Means of injury 023. Signature B. C. Fitzwater (M. D. or other) _____
Address Joplin Mo Date signed 12-3-46

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(Licensed Embalmer's Statement on Reverse Side)

46-12-1059

MAY 1 1947

JUL 24 1947

MAY 1 1947

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.