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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9574

State File No. _____

FILED MAR 26 1947

Registration District No. _____

Primary Registration District No. 5568

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Atherton

(c) Name of hospital or institution: on farm operated 5 miles east Atherton by Robt. Brosom
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether years, months or days)

In this community 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1515 South 11th.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DONALD LEE FOX

3. (b) If veteran, name war World War II

3. (c) Social Security No. 496-22-7545

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1947 hour 11:30 minute P M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 4 years 1928

7. Birth date of deceased April 4 1928
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Brosom, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death Fractured skull Duration _____
fracture, left femur, crushed chest

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Due to air plane accident (crash)

Due to _____

11. Industry or business _____

12. Name Harry Fox

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Dorethery

15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 173-6

Of operations: 34

16. (a) Informant Mr. Harry Fox

(b) Address St. Louis, Missouri

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

Of autopsy no

Histology & Inquest

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 3-15-47 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 48

(b) Date of occurrence 3-11-47

(c) Where did injury occur? Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm

While at work? yes (Specify type of place) air plane crash
(e) Means of injury

23. Signature Jane Walker (M. D. or other) Don

Address 1424 Myrtle Date signed 3-13-47

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

APR 4 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.....

Charles F. Tyler....., Registered Apprentice No. 411,
working under my personal supervision.

Signed *John Pasley*.....

Licensed Embalmer No. 4308

P. O. Address Independence, 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.