FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1949

Registration District No. 282

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42608

Primary Registration District No. 5976

Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Polk
(b) City or town: Eldora, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mail address Walnut Grove, Mo R3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: over 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Polk
(c) City or town: Eldora, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.: Mail address Walnut Grove Mo R3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME: Asa Fox

3. (b) If veteran, name war: NIL

3. (c) Social Security No.: NIL

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Clementine Box Fox.

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: March (Month) 6 (Day) 1874 (Year)

8. AGE: Years 74 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace: Cedar County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Retired.

MOTHER FATHER
12. Name: Milford Fox
13. Birthplace: (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Sallie Hartley
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Clementine Fox
(b) Address: Walnut Grove, Mo R3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: January 3-1949 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge Cemetery

18. (a) Signature of funeral director: Gene A. Berry
(b) Address: Walnut Grove, Mo R3

19. (a) 12-31-48 (Date received local registrar) (b) Ralph Harden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th year 1948 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from July, 1947, to Dec 27 — 1948; that I last saw him alive on Dec 27 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis of Throat
Due to: Stroke of Paralysis
Due to: Hypertension, Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death): 450.0

Duration

Major findings:
Of operations:
Of autopsy: G

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: J. J. Barber M.D. (M. D. or other)
Address: Walnut Grove Mo Date signed: 12-30-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 12-48-15
Date Filed 1-14-49

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 Gene A. Bjorn

Licensed Embalmer No 2664

P. O. Address Walnut Grove Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.