

5. No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18719

State File No. _____

FILED JUN 22 1940

Registration District No. _____

Primary Registration District No. 2002

Registrar's No. _____

I. 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: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Days
In this community 25 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Alfred L. Fogerson 262
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Fogerson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 22, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 9 5 _____ hr. _____ min.

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

10. Usual occupation Retired Barber

11. Industry or business _____

MOTHER FATHER { 12. Name John Fogerson
18. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Fogerson

(b) Address 1429 Jackson Ave., Joplin, Mo.

17. (a) Burial (b) Date thereof 5-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mem. Pk. Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 5-29-40 (b) Ed. W. James
(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. 1429 Jackson
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1940 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 27 1940 to May 27 1940
that I last saw him in alive on May 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Shock - heart failure following surgery
Died at Freeman Hospital, Joplin, Mo.
leg - broken 2-5-1940
Wichita, Kan.
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 59

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?
375
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed _____

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

49
7
5

Gregg

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 Steve D. Parker

Licensed Embalmer No. 2347

P. O. Address Poplar

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, above space should be left blank.