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K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29221

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 99

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

1. PLACE OF DEATH: Newton
 (a) County Newton
 (b) City or town Neosho Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME James Eugene Foreaker
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced ✓
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 12 1939
 (Month) (Day) (Year)

8. AGE: Years 0 Months 9 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Newton Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James E. Foreaker
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Ellen
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant James E. Foreaker
 (b) Address 821 Neosho Mo

17. (a) Burial (b) Date thereof 8-28-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Charles W. Williams
 (b) Address London Mo

19. (a) 8-27-40 (b) Una H. Salmond
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Newton
 (c) City or town Neosho Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt. 1 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
 year 1940 hour 2 minute 45 M.
 21. I hereby certify that I attended the deceased from March
22, 1940, to Aug. 27, 1940;
 that I last saw him alive on Aug. 19, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Ileo-colitis
 Due to malnutrition

Due to _____
 Other conditions (Include pregnancy within 3 months of death) HNPs

Major findings: Of operations None
 Of autopsy None
 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?
513 (Specify type of place) _____
 While at work? _____ (a) Means of injury _____
 23. Signature Small Salem (M. D. or other) _____
 Address Neosho Mo Date signed 8/27/40

RECEIVED

District Health Officer No. 6,

District File Number: 940-2630

Date Filed SEP 18 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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