No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8325

FILED MAR 19 1941

Registration District No. 605

Primary Registration District No. 6050

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Schuyler

(b) ~~City or town~~ Rural Liberty Twp.
(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 85 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Rural Liberty Twp.
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Susan Helen Foglesong

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John Foglesong

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

7. Birth date of deceased Aug (Month) 17 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	6	0	hr. min.

9. Birthplace Schuyler (~~City, town, or county~~) Mo. (~~State or foreign country~~)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Alfred Adams
13. Birthplace — (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name Jane McCallan
15. Birthplace — (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Jesse Norris
(b) Address Lancaster, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb. 18 1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Walker's Chapel

18. (a) Signature of funeral director P. A. Fenton
(b) Address Lancaster, Mo.

19. (a) Feb. 22 41 (Date received local registrar) (b) Byrdie W. Drake (Registrar's signature) deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17th
year 1941 hour 12 minute 08 A.M.

21. I hereby certify that I attended the deceased from Aug, 1938, to Feb 17, 1941;
that I last saw her alive on Feb 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to Information of age

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature]
Address Lancaster, Mo Date signed 2/18/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-534
Date Filed MAR 10 1941

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~~ O. O. Fenton, Registered Apprentice No. 3705 working under my personal supervision.

Signed O. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, M

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

If this body is not embalmed, above space should be left blank.