

FILED APR 23 1942

Registration District No. 85 Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: METH. HOSP- 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution FEW-MIN-
(Specify whether
In this community 17 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St Joseph 011
(If outside city or town limits, write "RURAL")
(d) Street No. 1007 Wessa St. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ERNEST-RICHARD-FOREMAN

3. (b) If veteran, name war no 3. (c) Social Security No. 491-10-7882

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dollie 6. (c) Age of husband or wife it alive 31 years
7. Birth date of deceased. Sept 12 1911
(Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business

MOTHER FATHER { 12. Name Richard Foreman
13. Birthplace Craig Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dollie Parrish
15. Birthplace Craig Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dollie Foreman
(b) Address St Joseph Mo

17. (a) burial (b) Date thereof Apr. 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Ray Stamey
(b) Address St Joseph Mo

19. (a) 4/6/42 (b) Rae Hengog
(Date received of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1942 hour 9 minute 0 A.M.

21. I hereby certify that I attended the deceased from on
19 to 19 ;

that I last saw h. alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Chronic-myocarditis 6 mon

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 93d
Of operations
Of autopsy no

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 (Coroner)

23. Signature H. F. Mundy (M. D.)
Address 404 3rd St Date signed 4/6/42

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 John Roy Blawie
Licensed Embalmer No. 2435
P. O. Address St. Joseph, 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.