. S. No. 2
OM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5836

Registration District No. FILED MAR 8 1943 Primary Registration District No. 1000 Registrar's No. 225

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: St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 510 Hickory St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Fouts
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 18, (Day) 1878 (Year)

8. AGE: Years 64 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Buchanan County, 0 Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Laborer
FATHER
12. Name William Fouts
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Laura Seevers (Daughter)
(b) Address 510 Hickory St., ~~City~~ St. Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 2-22-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th year 1943 hour five minute 15 A.M.
21. I hereby certify that I attended the deceased from February 14, 1943, to February 19, 1943, that I last saw him alive on February 18, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Rt hemiplegia on basis of cerebral vascular accident
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 107
Major findings:
Of operations
Of autopsy Bronchial Pneumonia

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) None
(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 Clifton Smith 0 (M. D. or other) M.D.
Address Wellane Board St. Joseph, Mo. Date signed 2/27/43

1233 (Licensed Embalmer's Statement on Reverse Side)

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 E. Rieck

Licensed Embalmer No. 3986

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.