S. No. 2
OM—2-43
5-17-39
I X35697

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. 16927

FILED JUN 7 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2197

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(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 2 Weeks (Specify whether years, months or days)

In this community 2 wks.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jacksom 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2943 Flora 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BIRDIE M. FOLEY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife William

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

7. Birth date of deceased September (Month) 9th (Day), 1869 (Year)

8. AGE: Years 73 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Culver
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Rebecca Fegler
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Guy H. Foley
(b) Address Minor, Minn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Jos. Mo.

18. (a) Signature of funeral director Flesman & Sons
(b) Address 1996 Calhoun

19. (a) 5-12-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1943 hour 1 pm minute — M.

21. I hereby certify that I attended the deceased from May 1, 1943 to May 11, 1943, 19 ; that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction — Duration 5 days

Due to Peritonitis

Due to Perforated - Ulcer Colon

Other conditions (Include pregnancy within 3 months of death) 122 B

Major findings:
Of operations —
Of autopsy Same.

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 M. B. Casebolt (M. D. or other)

Address 715 Argyle Bldg K.C. Mo. Date signed 5/11/43

(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.....Charles M. Lurk

Licensed Embalmer No.....3774

P. O. Address.....Kansas City, M

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.