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5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17636

State File No.

FILED JUN 3 1943

Registration District No. 1

Primary Registration District No. 3012 4128 Registrar's No. 267

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Clayton
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Jesse B Foley

3. (b) If veteran name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Rebecca Foley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 26 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 8 18 hr. min.

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

10. Usual occupation Retired

11. Industry or business Lab

MOTHER FATHER

12. Name James Foley

13. Birthplace Clayton Mo
(City, town or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Foley
(b) Address Mo Clayton

17. (a) Burial (b) Date thereof May 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo Clayton
18. (a) Signature of funeral director Franklin D
(b) Address 19 E Franklin Liberty Mo
19. (a) 5-17-43 (b) Mrs Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 10 to April 15 1943
that I last saw him alive on April 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chrouse Nephritis - Myocarditis

Due to Gen arteria Sclerosis

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

Major findings: 1314
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) no
(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?
no injury

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature G. D. C. Bryan (M. D. or other)
Address Clayton Mo Date signed 5-17-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-1-43

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. 3734

P. O. Address Liberty 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.