

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.

22713

FILED JUN 17 1943

Registration District No. 574

Primary Registration District No. 62736274

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural Middlefork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community 50 yrs.
years, months or days)

3. (a) PRINT
FULL NAME

WALTER FOLEY

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex m

5. Color or
face N

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Dec 22 1874
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68 4 20

hr. min.

9. Birthplace

Liberty
(City, town, or county)

MO
(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

12. Name

John H. Foley

13. Birthplace

North
(City, town, or county)

MO
(State or foreign country)

14. Maiden name

Emma Douglas

15. Birthplace

Liberty
(City, town, or county)

MO
(State or foreign country)

16. (a) Informant

John Blake

(b) Address

Grant City, MO

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

5-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation

Wharton

18. (a) Signature of funeral director

Frank C. Temple

(b) Address

Grant City, MO

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County North
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grant City, MO
(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 7:00 minute M.

21. I hereby certify that I attended the deceased from Jan
1943, to May 12, 1943
that I last saw him alive on May 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of liver

Duration

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

1104

(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

Arch C. Dunfee

Licensed Embalmer No.

3252

P. O. Address

Shant City N

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.