S. No. 2
M—5-42
7-5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40969

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5403

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: 3909 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3909 Forest Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Fogelman
3. (b) If veteran, name war No.
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian B. Fogleman
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan (Month) 26 (Day) 1870 (Year)
8. AGE: Years 73 Months 10 Days 26 If less than one day hr. min.
9. Birthplace Martinsville (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Retired
11. Industry or business Santa Fe Conductor
MOTHER FATHER
12. Name John Fogleman
13. Birthplace Charleston (City, town, or county) So. Caroline (State or foreign country)
14. Maiden name Mary Farmer
15. Birthplace Cainsville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Lille B. Fogleman
(b) Address 3909 Forest Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Shawnee, Kans.
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri
19. (a) 12-20-43 (Date received local registrar) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 12-20-43
year hour 7 minute a.m.
21. I hereby certify that I attended the deceased from June, 1943, to Dec 20, 1943, that I last saw him alive on June, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteri-Sclerotic Heart	10 yrs
Due to	
Due to 932	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 901 Westport Rd Date signed 12/20/43

(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.....Elmer C. Wedelin

Licensed Embalmer No.....3495

P. O. Address.....K. C. 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.