

BUREAU OF THE CENSUS
FILED JUL 8 1944Registration District No. 28Primary Registration District No. 4037Registrar's No. 8

1. PLACE OF DEATH:

(a) County BATES
(b) City or town FOSTER MO-
(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 57 YEARS
years, months or days)3. (a) PRINT FULL NAME GEORGE ED DOKE

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife ROSE DOKE- 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased MARCH - 2 1877
(Month) (Day) (Year)8. AGE: Years 67 Months 3 Days 15 If less than one day _____ hr. _____ min.9. Birthplace LAFAYETTE Co Mo- 0
(City, town, or county) (State or foreign country)10. Usual occupation retired farmer11. Industry or business Cafe operator12. Name Samuel Doke 913. Birthplace no record 9
(City, town, or county) (State or foreign country)14. Maiden name Lula Carbon 915. Birthplace no record 9
(City, town, or county) (State or foreign country)16. (a) Informant Rose Doke(b) Address Foster mo17. (a) BURIAL (b) Date thereof 6-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation FOSTER CEM-18. (a) Signature of funeral director John G. Henderson(b) Address Buflor mo19. (a) June 23 (b) Wm. Thel Hoodenough
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BATES 7
(c) City or town FOSTER - WALNUT TWP-
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17
year 1944 hour 12 minute 45 P.-M.21. I hereby certify that I attended the deceased from June 1st
1944 to June 17th 1944
that I last saw him alive on June 16th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Due to Coronary ThrombosisDue to Pulmonary embolism
complicationOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations 94a

Of autopsy _____

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) (c) Means of injury _____

23. Signature Taylor R. M. Bee (M. D. or other) D.O.
Address Crk. Bldg. R. 2 Hill mo Date signed 6-18-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
District File Number 6-44-292
Date Filed 7-7-44

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 J. Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.