S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22095

Registration District No. 226 Primary Registration District No. 5800 Registrar's No. 34

900

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Rural Washington Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hunnewell Mo R 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 12 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Hunnewell, Mo R.2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME Albert Ross Foltz

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Myrtle

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased December (Month) 2 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
62	6	7	hr. min.

9. Birthplace Reynolds Burg (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name David Painter Foltz
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Hannah Taylor
15. Birthplace D.K. (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Julian H. Foltz

(b) Address New Providence Ia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation Green City, Mo.

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City, Mo

19. (a) 6-15-44 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1944 hour — minute a M.

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

Immediate cause of death Gunshot wound

Due to

Due to

166

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy wound in back of head by shotgun

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) homicide

(b) Date of occurrence June 9 1944

(c) Where did injury occur? (City or town) Monroe (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)

While at work? (e) Means of injury Gunshot

23. Signature T R Turner (M. D. or other)

Address Madison Mo Date signed 6/14/44

1126

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 1944

RECEIVED
District Health Officer No. 10
District File Number 7-44-1326
Date Filed JUL 12 1944

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 [illegible]

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.