

FILED AUG 2 1944
Registration District No. 21840

Primary Registration District No. 6225

State File No. _____
Registrar's No. 118

1. PLACE OF DEATH:

(a) County Vernon Washington District
(b) City or town Merced
(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 _____
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Merced Mo Rural #1
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Albert Britton Foland

3. (b) If veteran, name war no 3. (c) Social Security No. 500-015676

4. White 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Leonard 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased March 30 1881

8. AGE: Years 63 Months 3 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Missouri

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Foland
13. Birthplace not known
14. Maiden name Paena Pittman
15. Birthplace not known

16. (a) Informant Nellie Foland
(b) Address Merced Mo. R.1.

17. (a) Burial (b) Date thereof 7-7-44
(c) Place: burial or cremation Callaway Cem

18. (a) Signature of funeral director Ferry John Horn
(b) Address Merced Mo
19. (a) 7-10-44 (b) Hazel B. Beurch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1944 hour 7 minute 2 P.M.

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

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) gpa

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? _____
(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 Coronary
23. Signature Albert Britton Foland (M. D. or other) _____
Address Merced Date signed 7-7-44

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

RECEIVED

District Health Officer No. 7,

District File Number 7-44-905

Date Filed 8-5-44

OCT 19 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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.