V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31907

FILED OCT 13 1944

Registration District No. 1

Primary Registration District No. 6139

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Shelby Co.

(b) City or town ~~Shelbyville~~, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Shelby County Home Bloomgren
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 yeras (Specify whether
In this community Sixty five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102

(a) State Missouri (b) County Shelby

(c) City or town Shelbyville, Mo. Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Logan Folk

3. (b) If veteran, name war Z

3. (c) Social Security No. Z

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

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

7. Birth date of deceased February 14th, 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Decature (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

FATHER
12. Name Samuel Folk
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Elizabeth Minick
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant W. S. Folk
(b) Address Shelbina, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Lillion & Barkeley
(b) Address Shelbina, Mo.

19. (a) Oct 5 44 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1944 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Sept. 9, 1944 to Sept 9, 1944
that I last saw him alive on Sept 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death 1
Cause of death not determined

Due to

Due to

Other conditions Marked Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)

(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 P C Archer (M.D. ~~or other~~)

Address Shelbyville Mo. Date signed 9-19-44

(Licensed Embalmer's Statement on Reverse Side)

1095

RECEIVED
District Health Officer No. 10
District File Number 10-44-1725
Date Filed OCT 10 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.....

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

working under my personal supervision.

Signed E W Hallkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.