

**FILED FEB 13 1945**

Registration District No. **226**

Primary Registration District No. **4482**

Registrar's No. **1**

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

**1. PLACE OF DEATH:**  
 (a) County **Scotland**  
 (b) City or town **Memphis**  
(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 **22**  
(Specify whether years, months or days)  
 In this community **22**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Scotland 99**  
 (c) City or town **Memphis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **0**  
(If rural, give location)  
 (e) Citizen of foreign country? **(Yes or No)**  
 If yes, name country **(1)**

**3. (a) PRINT FULL NAME** **Ernest Clay Foreman**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Jan** day **3**  
 year **1945** hour **6 AM** minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** **DEC 1** 19**44** to **DEC 31** 19**44**  
 that I last saw him alive on **DEC 31** 19**44**  
 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widower**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Jan 24 1882**  
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**  
 Due to **Complications + Asthma**  
 Due to \_\_\_\_\_  
 Other conditions **94A**  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **62** Months **11** Days **9**  
If less than one day hr. min.  
 9. Birthplace **Dallas City** **Ill**  
(City, town, or county) (State or foreign country)

Major findings: **94A**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**10. Usual occupation** **Truckman**  
**11. Industry or business** **Hauling Live stock**  
**12. Name** **Ludwick Foreman**  
**13. Birthplace** **Lycoming County Penn**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Mary Dietrich**  
**15. Birthplace** **Lycoming County Penn**  
(City, town, or county) (State or foreign country)

**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)  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** **E. E. Parrish** (M. D. or other)  
 Address **Memphis Mo** Date signed **5-45**

**16. (a) Informant** **Ed Foreman jr**  
 (b) Address **Dallas City, Ill**  
**17. (a) Harris Cemetery** (b) Date thereof **1-5-45**  
(Burial, cremation, or inquest) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Harris Cemetery, Dallas City, Ill**  
**18. (a) Signature of funeral director** **W. Payne Fox**  
 (b) Address **Memphis Mo**  
**19. (a) 1-6-1945** (b) **Berwick Wilson**  
(Date received local registrar) (Registrar's signature)

1093

RECEIVED

District Health Officer No. 10

District File Number 2-45-348

Date Filed FEB 11 1945

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 P. D. Payne

Licensed Embalmer No. 2196

P. O. Address Memphis, 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.