

S. No. 2
M-8-13
v. 5-17-39
X37823

6206

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 15 1945

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Prairie Trust
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: J. C. Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether)

In this community 76 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Hickman Mills
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME George Foulk

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th
year 1945 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 6
1945, 19____, to Feb 15-1945, 19____;

that I last saw him alive on Feb. 15-1945, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 30 1895
(Month) (Day) (Year)

Immediate cause of death Carcinoma of stomach Duration 2 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>15</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Liberty Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 46

Of autopsy _____

10. Usual occupation farm hand

11. Industry or business _____

12. Name Bradley Foulk

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Jackson

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvester Foulk

(b) Address Marion Iowa

17. (a) Burial (b) Date thereof Apr-12-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cem.

18. (a) Signature of funeral director C. Clark Regent

(b) Address Raytown Mo.

19. (a) Feb. 17, 1945 (b) J. H. Schuchert E.M.S.
(Date received local registrar) (Registrar's signature)

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 Ed W. Schuchert (M. D. or other) _____

Address Jacmson, Mo. Date signed 2/17/45

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

18
00
0

1162

(Licensed Embalmer's Statement on Reverse Side)

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 Clark H. Fester
Licensed Embalmer No. 3983
P. O. Address Raytown 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.