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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10837

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada 104
(If outside city or town limits, write "RURAL")
(d) Street No. 1228 N. Ash Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Walter Lee Foland
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lenora Foland
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May (Month) 3rd (Day) 1865 (Year)

8. AGE: Years 79 Months 9 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Vernon Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming (Retired)
11. Industry or business
FATHER
12. Name Erasmus Foland
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lenora Foland
(b) Address Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 1 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Allen E. Hays
(b) Address Nevada Mo.
19. (a) 3-5-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27 year 1945 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from Feb. 1944, to 2-27, 1945 that I last saw him alive on Feb 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 yrs
Due to Arteriosclerosis	?
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93	

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 0
23. Signature E. R. King (M. D. or other)
Address Nevada, Mo. Date signed 3-1-45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-45-309
Date Filed 4-9-45

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 Allen V. Kaye

Licensed Embalmer No. 1968

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.