No. 2
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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

FILED OCT 12 1945

State File No. 30383

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 219

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
319 West Athcison Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 319 West Atchison Street 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Bert LeRoy Foutch

3. (b) If veteran, name war

3. (c) Social Security No. 712-16-0140

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl C. Foutch

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased January (Month) 6 (Day) 1886 (Year)

8. AGE: Years 59 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation Express and Baggeman Messenger

11. Industry or business

FATHER
12. Name Abe Foutch
13. Birthplace Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nettie Gray
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs B L Foutch
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Rob J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 10-1-45 (Date received local registrar) (b) R. B. Dorris MD NR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 10, 1945, to Sept. 28, 1945;
that I last saw him alive on Sept. 28, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Cardio-renal disease c̄ Hypertension and

Due to Coronary sclerosis

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration

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? (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 J. Ossman (M. D. or other) M.D.

Address Jefferson City, Mo Date signed 9/29/45

1431

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-11-45

SEP 29 1954

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 Thorp J. Gordon

Licensed Embalmer No. 178 L

P. O. Address Jefferson City 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.