

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1365**  
Registrar's No. **5339**

**FILED** JAN 21 1946  
Registration District No. **177**

Primary Registration District No. **1002**

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

100279

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4425 Harrison, Kansas City, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether)  
 In this community 39 years  
years, months or days

**3. (a) PRINT FULL NAME** George E. FOLEY  
 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 Agnes Foley  
 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Jan. 27, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>26</u>	hr. min.

9. Birthplace Oak Creek Wisc.  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor  
 11. Industry or business Plumbing and Heating

**MOTHER** {  
 12. Name John Foley  
 13. Birthplace Oak Creek Wisc.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Coughlin  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Foley  
 (b) Address 4425 Harrison, K.C. Mo.

17. (a) Burial (b) Date thereof 12/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eyler  
 (b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 12-26-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4425 Harrison  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 12 day 23  
 year 1945 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from born 19... to ... 19...  
 that I last saw h... alive on ... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis  
 Due to arteriosclerosis  
 Due to \_\_\_\_\_

Other conditions 942  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy see above

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 James C. Miller (M. D. or other) 2 born  
 Address 1424 1/2 Jay Ave Date signed 12-27-45

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**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.....

Licensed Embalmer No. 2999

P. O. Address..... K.T.

**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.**