

FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 134

Primary Registration District No. 5-492 4207

Registrar's No.

1. PLACE OF DEATH:

(a) County. Harrison
(b) City or town. RFD Blythedale
(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
In this community. All life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Harrison
(c) City or town. RFD Blythedale, Missouri
(d) Street No. 4 1/2 miles S. E. of Blythedale, Mo.
(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME Charles William Foreman

3. (b) If veteran, name war. None
3. (c) Social Security No. None

4. Sex. Male
5. Color or race. White
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. November 2, 1935.
(Month) (Day) (Year)

8. AGE: Years 10 Months 2 Days 17
If less than one day hr. min.

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

10. Usual occupation. School

11. Industry or business.

MOTHER FATHER

12. Name. Clyde H. Foreman
13. Birthplace. Harrison County, Missouri
14. Maiden name. Velma F. Badley
15. Birthplace. Minnesota

16. (a) Informant. Mrs. Clyde H. Foreman
(b) Address. RFD Blythedale Missouri

17. (a) Burial (b) Date thereof. Jan. 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Masonic Cemetery, Eagleville

18. (a) Signature of funeral director. J. Phillips Mo.

(b) Address. Cainsville, Missouri

19. (a) Jan 23-46 (b) S. P. Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1946 hour 9 minute 30 P.M.

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

Immediate cause of death. Accident
Skull fracture due to collision with a truck
Due to
Due to
Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Of operations. 17008
Of autopsy. 17008
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). Accident. 41
(b) Date of occurrence. Jan 19, 1946
(c) Where did injury occur. Main street of Blythedale Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? (Specify type of place)
(e) Means of injury. Car
23. Signature. Joe E. Wheeler
Address. Phillips Mo Date signed. 1-21-46

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

STATEMENT BY LICENSED EMBALMER

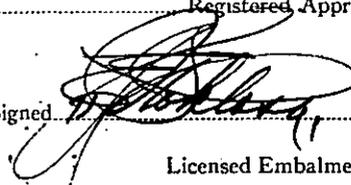
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, o/w

Eddie J. Stokloss

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.