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P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12831 ✓
State File No.

FILED MAY 9 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 344

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Burge Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene ³⁹

(c) City or town Rural - Springfield, - Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Route 8 Box 520 Spfld, Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES H. FOGLESONG

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Bessie Foglesong

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

7. Birth date of deceased: May 29 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business

MOTHER FATHER { 12. Name Harrison Foglesong

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

14. Maiden name Sarah Mary Uetz

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

16. (a) Informant Bessie Foglesong (wife)

(b) Address Route 8, Box 520, Springfield, Mo.

17. (a) Burial (b) Date thereof 4/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address 534 St. Louis Street, Spfld, Mo.

19. (a) 4-25-46 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-25, 1946 to 4-21, 1946
that I last saw him alive on 4-21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure

Due to Chronic Atherosclerosis per sclerosis

Due to

Other conditions Pneumonia Yes
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature W. H. Handley (M.D. or D.V.M.)

Address Spfld, Mo. Date signed 4-23-46

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

11700

MAY 10 1948

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..... *C. A. Raaf*

Licensed Embalmer No..... *304*

P. O. Address..... *Springfield 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.

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