v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19734

BUREAU OF THE CENSUS

FILED JUN 24 1946

STANDARD CERTIFICATE OF DEATH

State File No. 20862

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Lafayette

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

(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 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette 54

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lena May Foulds

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 June (Month) 10 (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name George D. Foulds
13. Birthplace Higginsville, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jaunitia LaRue
15. Birthplace Pettis Co. (City, town, or county) (State or foreign country)

16. (a) Informant Rosa LaRue

(b) Address Higginsville, Mo.

17. (a) City Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46. (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville

18. (a) Signature of funeral director [signature]

(b) Address Higginsville, Mo.

19. (a) 6-13-1946 (Date received local registrar) (b) Clayton W. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1946 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from June 10, 1946 to 2:30 A.M. to June 11, 1946 that I last saw her alive on June 11th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Functional disease of the heart

Due to: Baby lived only 4 hrs under oxygen

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 2

23. Signature Leon R. Spencer (M. D. or other) D.O.

Address Higginsville, Mo. Date signed 6-10-1946

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-19-46

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 [signature]

Licensed Embalmer No. 4269

P. O. Address Higginsville, 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.