No. 2
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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

State File No. 24142

FILED AUG 3 1946

Registration District No. 7

Primary Registration District No. 4272

Registrar's No. 28

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town WAVERLY
(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 43 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 54

(c) City or town WAVERLY 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME COURTNEY FOOSE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife NANCY FOOSE

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased JANUARY (Month) 23 (Day) 1875 (Year)

8. AGE: Years 71 Months 5 Days 20 If less than one day ___ hr. ___ min.

9. Birthplace VERMILLION COUNTY (City, town, or county) IND (State or foreign country) 1

10. Usual occupation FARM LABOR

11. Industry or business

FATHER
12. Name JESSIE FOOSE
13. Birthplace STATE OF INDIANA (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name REBECCA TAYLOR
15. Birthplace STATE OF INDIANA (City, town, or county) (State or foreign country) 1

16. (a) Informant MRS COURTNEY FOOSE

(b) Address WAVERLY MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 15 (Day) 1946 (Year)

(c) Place: burial or cremation WAVERLY CITY CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) 7-15-1946 (Date received local registrar) (b) Clayton W Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13 year 1946 hour 11 minute 40 p M.

21. I hereby certify that I attended the deceased from 7 June, 1946, to 13 July, 1946 that I last saw him alive on 13 July, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): paralysis agitans	6 yrs.?

Major findings:
Of operations
Of autopsy 107

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 0

23. Signature Douglas Kelling (M. D. ~~or other~~)

Address Waverly Mo. Date signed 7/15/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-3-46

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.