

FILED DEC 9 1948
 157

State File No. _____
 Registrar's No. 246

Registration District No. _____
 Primary Registration District No. 3028

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
120 No. Garrison Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 49
 (c) City or town Carthage 1
(If outside city or town limits, write "RURAL") 3
 (d) Street No. 120, No. Garrison Ave.
(If rural, give location) 3
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Julia Ann Foland
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 28
 year 1946 hour 5 minute 30 P.M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife George Foland
 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased April 10 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 39, 1939, to Nov. 28, 1946
 that I last saw her alive on Nov 23, 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>18</u>	hr. min.

Immediate cause of death Acute Myocardial failure 1 wk
 Due to Mitral endocarditis 15 yrs.
Hypertension 20 yrs.

9. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 92B
 Of autopsy _____

11. Industry or business _____
 12. Name Thomas Bryan
 13. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown Tenn
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant George Foland
 (b) Address 120 N. Garrison, Carthage, Mo.
 17. (a) burial (b) Date thereof Nov 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dudman Cemetery
 18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Mo.
 19. (a) 11-29-46 (b) A. B. Clinton, Jr. D.
(Date received local registrar) (Registrar's signature)

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? _____ (d) Place of injury _____
 23. Signature [Signature] (M. D. or other) M.D.
 Address Carthage, Mo. Date signed 11/28/46

46-11-947

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..... *Frank W. Kuehl Jr*.....
Licensed Embalmer No..... *4440*.....
P. O. Address..... *Carthage, 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.