S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37415

Registration District No. 126 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours. (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 824 Moffett Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Martha Foreman
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Addison B. Foreman.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 13, 1868 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Retired housewife
11. Industry or business
MOTHER FATHER
12. Name Anson Kellogg
13. Birthplace New York. (City, town, or county) (State or foreign country)
14. Maiden name no record available
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Frank Chaffee
(b) Address Gilroy California.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-46. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 11-6-46 (Date received local registrar) (b) Ed Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 4, 1946 year hour 1-45 P.M. minute M.
21. I hereby certify that I attended the deceased from Nov 1, 1946 to Nov 4, 1946 that I last saw he alive on Nov 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Valular Heart	12
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
23. Signature Ed Johnson M.D. (M.D. or other person signing)
Address 70 Chicago Bldg Joplin Mo Nov 6-46

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

(Licensed Embalmer's Statement on Reverse Side)

46-11-980

JUN 18 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.