

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 10 1947**  
Registration District No. 337

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3669  
Registrar's No. 11

Primary Registration District No. 4499

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

1. PLACE OF DEATH:  
(a) County Shelby County  
(b) City or town Shelbina, Mo.  
(c) Name of hospital or institution: Taurman Hospital  
(d) Length of stay: One Week  
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Shelby  
(c) City or town Shelbina, Rural  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John D. Fohey  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 9th  
year 1947 hour 1 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Jan 1  
1947 to Jan 9 1947  
that I last saw him alive on JAN 9 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Deceased  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 10th 1868

Immediate cause of death V.A. REMIA  
Due to SUBACUTE NEPHRITIS  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months 6 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Shelby County Missouri

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name John Fohey  
13. Birthplace Ireland

14. Maiden name Not known  
15. Birthplace Not known

16. (a) Informant C. F. Fohey  
(b) Address Shelby ville Mo.

17. (a) Burial (b) Date thereof 1-12-1947  
(c) Place: burial or cremation Emden Cemetery

18. (a) Signature of funeral director Million & Barkeew  
(b) Address Shelbina Mo.

19. (a) 2-1-47 (b) Green J. Jones  
(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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature W. L. Thurman (M. D. or other) 200  
Address Shelbina Mo Date signed 1-12-47

Office No. 10  
2:47:209.  
FEB - 5 1947

**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..... *CW Hawkins*

..... Licensed Embalmer No. *3495*

..... P. O. Address *Shelburne Vt*

**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.**