

S. No. 2  
M-1/47  
v. 5-17-39

National Office of Vital Statistics  
**FILED JUN 24 1947**

Registration District No. **1/2**

Primary Registration District No. **3023**

Registrar's No. **139**

42  
1  
2

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

1. PLACE OF DEATH:

(a) County **Hennepin**

(b) City or town **Clinton Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Moore Nursing Home**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 wks.**  
(Specify whether)

In this community **10 yrs.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo**

(b) County **Hennepin** <sup>42</sup>

(c) City or town **Clinton** <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. **901 W. 2nd St. 2**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) <sup>6</sup>

If yes, name country

3. (a) PRINT FULL NAME **Charles W. Fouch**

3. (b) If veteran,  name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **18**  
year **1947** hour **12 noon**

21. I hereby certify that I attended the deceased from **5/28** 19**47** to **6/2** 19**47**  
that I last saw him alive on **6/2** 19**47**  
and that death occurred on the date and hour stated above. <sup>Duration</sup>

Immediate cause of death

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife

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

7. Birth date of deceased: **10 - 11 - 1873**  
(Month) (Day) (Year)

**Don't Know**

Due to **Cardio-Vascular - Renal Disease**

Other conditions: (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

**71 8 7** hr. min.

9. Birthplace: **Arrowsmith Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer + Railroader**

11. Industry or business

12. Name **Lycurgus W. Fouch**

13. Birthplace **Clinton, Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Paula A. Fitch**

15. Birthplace **Passes Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Reba Journey**

(b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **6-20-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cajuta Cem.**

18. (a) Signature of funeral director **J. H. Williams**

(b) Address **Clinton Mo.**

19. (a) **6-20-47** (b) **J. H. Williams**  
(Date received local registrar) (Registrar's signature)

Major findings: **131A**

Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place) (b) Means of injury

23. Signature **J. C. Bellor** (M. D.)

Address **Clinton Mo** Date signed **6/20/47**

47

RECEIVED  
District Health Officer No. 7,  
District File Number 5-47-241  
Date Filed 6-23-42

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 \_\_\_\_\_

Fred E. Williams Jr. Registered Apprentice No. 434  
working under my personal supervision.

Signed Fred E. Williams

Licensed Embalmer No. 2478

P. O. Address Clinton 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.