. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

Registration District No. 144

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24174

Registrar's No. 3195

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2631 E. 10th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 49
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2631 East 10th Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank FOLEY
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mary J. Foley
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: August (Month) 15 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
84	11	12	hr. min.

9. Birthplace: Wilmington, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Farmer - retired
11. Industry or business: Self
FATHER
12. Name: John Foley
13. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name: Margaret Henneberry
15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant: Mrs. Mary J. Foley
(b) Address: 2631 E. 10th St., K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 7-30-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1947 hour 7 minute 350 P. M.
21. I hereby certify that I attended the deceased from Jan. 1, 1947, to 7-27, 1947, that I last saw him alive on 7-27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Ventricular Fibrillation — Duration
Due to: Coronary Heart Disease
Due to: Coronary Sclerosis
Other conditions: Pyelitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 9 S D
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? (e) Means of injury: 0
23. Signature: Richard L. Elmer, MD (M. D. or other) M.D.
Address: 4301 Main Kansas City, Mo. Date signed: July 29 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Richard L. Leh
4301 Main St.
LO 6342

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.