

No. 2
1/47
17-39

FILED OCT 6 1947

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 98

1. PLACE OF DEATH:

(a) County: Pike County, Missouri
(b) City or town: Louisiana, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 Days
(Specify whether)
In this community: 7 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: _____
(c) City or town: Griggsville
(If outside city or town limits, write "RURAL")
(d) Street No.: _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: VIRGIL P. FOREMAN
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Sept. day: 20
year: 1947 hour: 9:00 minute: _____ P. M.

4. Sex: Male race: W
5. Color or 6. (a) Single, widowed, married: Married
divorced: _____
6. (b) Name of husband or wife: WIFE 6. (c) Age of husband or wife if
Wilhelmina Foreman alive: _____ years
7. Birth date of deceased: March 14 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 13, 1947, to Sept. 20, 1947, that I last saw him alive on 9-20-47, 19____, and that death occurred on the date and hour stated above.
Duration _____

8. AGE: Years Months Days If less than one day
80 80 6 6 hr. _____ min.

Immediate cause of death: Chronic Myocarditis
Due to: _____
Due to: Hypertension
Arterio Sclerosis
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Griggsville, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation: FARMER

Major findings: none
Of operations: _____
Of autopsy: none
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

11. Industry or business: _____
12. Name: HENRY FOREMAN
13. Birthplace: Pike County - Illinois
(City, town, or county) (State or foreign country)
14. Maiden name: MARY SLOAN
15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Virgil Foreman
(b) Address: Griggsville, Mo.
17. (a) Removal (b) Date thereof: 9-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Griggsville, Ill
18. (a) Signature of funeral director: W. Skinner
(b) Address: Griggsville, Mo.
19. (a) 9/21/47 (b) Bernice Collier
(Date received/local registrar) (Registrar's signature)

22. If death was due to external causes, in the following:
(a) Accident, suicide, or homicide (specify): none
(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 _____ (e) Means of injury: _____
23. Signature: Louisiana Mo (M. D. _____)
Address: _____ Date signed: 9-20-47

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

MOTHER FATHER

NOV 9 1947

RECEIVED
District Health Officer No. 1
10-42-47
Filed - OCT - 4 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 George O. Hagner
Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.