S. No. 2
4—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34753

FILED NOV 7 1947

Registration District No. 46

Primary Registration District No. 3026

Registrar's No. 313

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 hours (Specify whether years, months or days)
In this community: Since 1912

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 4305 Anderson 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: CHARLES ERIE FOLTZ
3. (b) If veteran, name war: -
3. (c) Social Security No. 451-10-9078

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Minnie B.
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Dec. 28 1876 (Month) (Day) (Year)

8. AGE: Years 70 | Months 9 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace: Stotesbury (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Manley Const. Co. Inc.
MOTHER FATHER
12. Name: Ephreim Foltz
13. Birthplace: Bethelham (City, town, or county) Penn (State or foreign country)
14. Maiden name: Mary Jane Tonsand
15. Birthplace: Rinehart (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Minnie Foltz
(b) Address: 4305 Anderson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.
(b) Address: 2825 Independence Blvd.
19. (a) 10-22-47 (Date received local registrar) (b) [signature] (Registrar's signature) 3547

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1947 hour ... minute ... M.
21. I hereby certify that I attended the deceased from / ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock	
Skull Fracture	
Due to: Injury by Fall.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Deputy Coroner	
Major findings: Of operations: 186A	
Of autopsy: See Above 39	

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): Accident 48
(b) Date of occurrence: 10-20-47
(c) Where did injury occur? Sugar Creek (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Yes (e) Means of injury: Trauma
23. Signature: A. E. Usher (M. D. or Coroner) MD
Address: 2800 Main Date: 10/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 10 1941

NOV 7 1941

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 H D Blackman

Licensed Embalmer No. 3635

P. O. Address K C 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.