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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4244

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 6

1. PLACE OF DEATH:
(a) County CEDAR
(b) City or town ELDORADO SPRINGS, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 406 S. GRAND 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar 20
(c) City or town El Dorado Springs, mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 406 S Grand 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Addison M. Folger
3. (b) If veteran, name war —
3. (c) Social Security No. 500-22-6156

4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MARCH (Month) 1 (Day) 1879 (Year)

8. AGE: Years 68 Months 10 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace VERMON CO. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED FARMER.
11. Industry or business SELF
FATHER
12. Name NELSON FOLGER
13. Birthplace (City, town, or county) IND. 1 (State or foreign country)
MOTHER
14. Maiden name RACHEL CHAMBER
15. Birthplace (City, town, or county) KANS. 1 (State or foreign country)
16. (a) Informant E.M. FOLGER
(b) Address 406 S. GRAND
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Martin Cem.
18. (a) Signature of funeral director Irwin Carothers
(b) Address El Dorado Springs mo.
19. (a) Feb. 2, 1948 (Date received local registrar) (b) J.C. Brinnan (Registrar's signature) 52

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 13th, 1948, to Jan 24, 1948, that I last saw him alive on Jan 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
108

PHYSICIAN
Underline the cause to 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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature C.H. Sunderwirth (M. D. or other) DO
Address El Dorado Spgs Date signed 1-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-48-91
Date Filed 2-20-48

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 James E. Hackleman, Registered Apprentice No. 44 working under my personal supervision.

Signed Floyd E. Carathers

Licensed Embalmer No. 4419

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.