

No. 300  
M-10-47  
7-5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI STATE OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16320  
Registrar's No. 2350

FILED JUN 12 1948  
Registration District No. 149

Primary Registration District No. 1002

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

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: ST. LUNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 WEEK  
(Specify whether  
In this community 55 YEARS  
years, months or days)

3: (a) PRINT FULL NAME MRS. EDNA VIRGINIA FOGLE  
3: (b) If veteran, No name war  
3: (c) Social Security No. 497-26-3677

4. Sex FEMALE 5. Color or race WHITE  
6: (a) Single, widowed, married, divorced MARRIED  
6: (b) Name of husband or wife MR. JOHN WALKER FOGLE  
6: (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased: JUNE 10 1891  
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 22  
If less than one day hr. min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name ALBERT PAUL  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name LAURA WALKER  
15. Birthplace QUINCY ILLINOIS  
(City, town, or county) (State or foreign country)

16: (a) Informant MR. JOHN WALKER FOGLE  
(b) Address 4224 WORNALL ROAD

17: (a) BURIAL (b) Date thereof JUNE 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ELMWOOD CEMETERY

18: (a) Signature of funeral director O. H. Newman, Son  
(b) Address 1401 BRUSH CREEK BLVD.

19: (a) 6-4-48 (b) Stoddard Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4224 WORNALL ROAD  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2<sup>ND</sup>  
year 1948 hour 5 minute 27 A. M.  
21. I hereby certify that I attended the deceased from 5/25  
1948, to 6/2 1948  
that I last saw her alive on June 1 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure  
Uremia Terminal  
Due to Coronary insufficiency  
Duration 10 days  
2 days  
Serial months

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

Major findings:  
Of operations 132  
Of autopsy  
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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Edward J. Stein (M. D., or other)  
Address Plaza Med. Bldg. Date signed 6/2/48

210 Pledge  
12-5  
Museum Building

956

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**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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address. R. C. 4 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.**