V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19468

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2683

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

3
8

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. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week (Specify whether
In this community ~~St Buckner about 33 yrs~~ 1 wk
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Buckner 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country x

3. (a) PRINT FULL NAME Honin Robinson Foley
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Mrs. Flossie Foley
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June (Month) 21 (Day) 1884 (Year)

8. AGE: Years 64 Months 0 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Missouri City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Contractor & Farmer
11. Industry or business Sante Fe RR & his own farm
FATHER
12. Name James L. Foley
13. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country) 1
MOTHER
14. Maiden name Cleopatra Robinson
15. Birthplace Missouri City (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Mrs. Flossie Foley
(b) Address Buckner Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Cemetery
18. (a) Signature of funeral director V. M. Reppert
(b) Address Buckner, Mo
19. (a) 6-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 8 minute 10 PM.
21. I hereby certify that I attended the deceased from Dec. 5th, 1947, to June 27, 1948
that I last saw him alive on June 27, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis (Three attacks)	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature James D. Smith (M. D. or other)
Address Kansas City, Mo. Date signed 6/28/48

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph O. Jones, Registered Apprentice No. 61, working under my personal supervision.

Signed Vernon M. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner, 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.