

S. No. 2
A-542
5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25049

State File No.

Registrar's No. 158

Registration District No. 137

Primary Registration District No. 5516

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Springfield Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 4, Windsor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R # 4, Windsor
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Loyd Foley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Bohrn Foley

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 7 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>1</u>	<u>3</u>hr.min.

9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Charley Foley

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Hill

15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James L. Foley

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 7-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) July 31, 1943 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1943 hour 17 minute 7 P.M.

21. I hereby certify that I attended the deceased from Head on arrival to that gun being aimed at his chest. Part of his head that off.

that I last saw Head on arrival to that gun being aimed at his chest. Part of his head that off. and that death occurred on the date and hour stated above.

Immediate cause of death Immediate death Duration that gun being aimed at his chest. Part of his head that off.

Due to that gun being aimed at his chest. Part of his head that off.

Other conditions 164c
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 164c

Of operations 164c

Of autopsy 164c

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) suicide

(b) Date of occurrence July 10, 1943

(c) Where did injury occur Parland, Henry Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work yes (Specify type of place) yes (e) Means of injury that gun

23. Signa Dr. J. H. Walling
(Name of physician) (Date or office)

Address Clinton Mo. Date signed 7/10/43

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 7-43-783
Date Filed 8-6-43

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 Elwell Zinston

Licensed Embalmer No. 339

P. O. Address Windsor, 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.