REC'D JUN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18061
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township Washington — Primary Registration District No. 1001 — Registered No. 502
(c) or City St. Joseph — (d) Street No. St. Joseph's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME RICHARD FOREMAN
(a) Residence, No. 2118 S.7th. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Buelah Foreman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17th. 1887
7. AGE: YEARS 52 — MONTHS 0 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craig, Mo. 0 9

FATHER
13. NAME John Foremans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 0

MOTHER
15. MAIDEN NAME Vina Chambers.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craig, Mo.

17. INFORMANT Mrs. Buelah Foreman
(ADDRESS) 2118 S.7th. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cemetery DATE May 12th 1939
19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC.
(ADDRESS) 1946 Calhoun St. Joseph, Mo.
20. FILED May 14 1939 H J Nettlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th. 1939
22. I HEREBY CERTIFY, That I attended deceased from March 17, 1938, to May 10, 1939
I last saw him alive on May 10, 1939. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertention	
Cardiovascular dis	
Coronary Infarct of Heart	March 1938
	12 hours

Other contributory causes of importance:
95 b²

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Charles H. Werner M.D.
(Address) 221 Kirkpatrick Bldg St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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

myself, Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.