No. 2
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41855

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1298

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 da. (Specify whether years, months or days)
In this community: 53 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 218 Fleeman
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: MELVIN FOLEY
3. (b) If veteran, name war: none
3. (c) Social Security No.: 721-01-5292
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Goldie Belle Foley
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: March (Month) 26th. (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
53	8	15	____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: R.R. Switchman
11. Industry or business: St. Joseph Terminal R.R.
FATHER 12. Name: Joely Foley
FATHER 13. Birthplace: St. Joseph (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Ida Mae unknown
MOTHER 15. Birthplace: St. Joseph (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Goldie Belle Foley
(b) Address: 218 Fleeman St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: FLEEMAN & SON INC.
(b) Address: St. Joseph, Mo.
19. (a) 12-13-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th. year 1940 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from December 8, 1940, to Dec. 11, 1940; that I last saw him alive on December 11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Asthma	4 days
Diabetes mellitus	3 yrs

Major findings:
Of operations: —
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: William R. McDonald (M. D. or other) M.D.
Address: 301 N. 8th St. Date signed: 12/12/40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Carl W. Hauser

Licensed Embalmer No. 3955

P. O. Address St. Joseph, Mo

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

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