

12-40
7-39
K23159

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: BETWEEN 23RD & 24TH. Highway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 YEARS 9 DAYS
In this community 61 YEARS 9 DAYS
(Specify whether years, months or days)

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. 2607 DELAWARE
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ALBERT FOLWELL

MEDICAL CERTIFICATION

3. (b) If veteran, name war NONE

3. (c) Social Security No. 491-10-2591

20. DATE OF DEATH: Month May day 17 year 1941 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased person May 18, 1941, to that I last saw person and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race Wht.

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

6. (b) Name of husband or wife IDA FOLWELL

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: May (Month) 17 (Day) 1880 (Year)

Immediate cause of death:
Suicide by Asphyxia
Carbon-Monoxide gas
Due to pipes from automobile
exhaust to car body
Due to _____

8. AGE: Years 61 Months 0 Days 9 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace: LOUISIANA (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation MGR.

11. Industry or business Weld Shop Service Station

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. I. F. BOWEN

(b) Address 2607 DELAWARE St. Joseph, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation ASHLAND CEMETERY

18. (a) Signature of funeral director FIREMAN'S SAN INC.

(b) Address St. Joseph, Mo.

19. (a) May 20 1941 (Date received local registrar) (b) H. J. Mundy (Registrar's signature)

Major findings: Of operations _____ Of autopsy no

Duration _____
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) suicide
(b) Date of occurrence May 17 11:20 PM 1941
(c) Where did injury occur? St. Joseph, Buchanan Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Back of Business Place Near Shop Service Station
(Specify type of place) (e) Means of injury Asphyxia
While at work? NO

23. Signature H. J. Mundy (M. D. or other) M.D.
Address 404 So 3d ST. JOSEPH Date signed 5/19/41

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

11
7

NOV 2 1948

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.....

Geo. E. Daniel

Licensed Embalmer No.

3300

P. O. Address

St. Joseph

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.