

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1942
Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41914
Registrar's No. 1004

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution:
215 Cherry St. 1
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene 34**
(c) City or town **Springfield 2**
(d) Street No. **215 Cherry 6**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ELIZABETH FOLSOM.**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **W. Edward Folsom** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **May 14 1873**
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **11** If less than one day hr. min.

9. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **In Home**

12. Name **H. C. Chinn**
13. Birthplace **Unknown Kentucky**
14. Maiden name **Belle Cleburne**
15. Birthplace **Unknown Kentucky**

16. (a) Informant **J. B. Chinn**
(b) Address **Springfield, Mo.**

17. (a) **Cremation** (b) Date thereof **Dec 29 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Mo.**

18. (a) Signature of funeral director **J. W. King**
(b) Address **Springfield, Mo.**

19. (a) **Dec. 27-1941** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **25**
year **1941** hour **6** minute **30 A** M.

21. I hereby certify that I attended the deceased from **Dec 24-1941**
to **Dec 25 1941**
that I last saw her alive on **Dec 25 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **3 hrs**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **gta**

Major findings: Of operations _____

Of autopsy.....

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: **Ad Vane** (M. D. or other) **MD**
Address: **Springfield Mo.** Date signed: **12/26/41**

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.....

R. Higgins

Licensed Embalmer No. 3358

P. O. Address Springfield - 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.

X