

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1942

State File No. 10889

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 73

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
42
1
2

1. PLACE OF DEATH:

(a) County. HEWRY CO

(b) City or town. Clinton mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CLINTON GENERAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community all LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State. mo (b) County. HEWRY 042

(c) City or town. Montrose mo
(If outside city or town limits, write "RURAL")

(d) Street No. RR #1
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES FRANK FOLEY

3. (b) If veteran. name war. _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 29 1928
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

10. Usual occupation School work

11. Industry or business School work

12. Name Gus Foley

13. Birthplace Pettis co mo
(City, town, or county) (State or foreign country)

14. Maiden name Grace Bohl

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

16. (a) Informant Mrs Gus Foley

(b) Address Montrose mo RR1

17. (a) Burial (b) Date thereof 3-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bean Creek Cem

18. (a) Signature of funeral director Consuelo R. Peck

(b) Address Clinton mo

19. (a) March 21, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from March 15, 1942, to March 20, 1942
that I last saw him alive on March 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Dietary Duration 3 days

Due to Smoking (ca) on right foot Next 13 days

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none 1952
Of operations none 1949
Of autopsy none

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) accident 042

(b) Date of occurrence Next March 7, 1942

(c) Where did injury occur? Clinton, Hewry mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm in backyard
(Specify type of place) (e) Means of injury fall from

23. Signature S. B. Hughes, M.D. (M. D. or other) M.D.

Address Clinton, Mo Date signed 3/21/42

RECEIVED

District Health Officer No. 7

District File Number 4-42-314

Date Filed 4-7-42

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

J. E. Consalvo

Licensed Embalmer No. 1891

P. O. Address

Clinton 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.