7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20262

State File No. 2554

Registration District No. 397 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 309 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 4431 So Paseo 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME Willis E. Foreman
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Lucretia Foreman
6. (c) Age of husband or wife if alive 1854 years
7. Birth date of deceased Mar 3 (Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 1 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Contractor Retired
11. Industry or business
FATHER
12. Name David M Foreman
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lydia Ann Dodd
15. Birthplace Wheeling (City, town, or county) (State or foreign country)
16. (a) Informant C W Foreman
(b) Address 456 So Wheeling
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Mrs C L Foster
(b) Address 918 Brooklyn
19. (a) 7-6-42 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th. year 1942 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from 5-2-42. 6-26-1942., 19..., to ..., 19...; that I last saw him alive on 6-26-1942., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration
Due to Senility.
Arteriosclerosis.
Due to 94a
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Vester Parr. Vester Parr (M. D. or other)
Address 315 Lee Bldg. KC Mo Date signed 7-4-42

341 (Licensed Embalmer's Statement on Reverse Side)

Dr. Vester Parr
Lee Bldg.
Vic 7868
10 - 12 Sat.

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 Denzil C. Browning

Licensed Embalmer No. 2764

P. O. Address Jc. 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.