S. No. 2
M—9-4-41
v. 5-17-39
I X29484

39
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33715

State File No.

Registration District No. ~~318~~ 126 Primary Registration District No. 5462 Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Fair Grove, Rt. 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Fair Grove, Rt. 2. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Several Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 0

(c) City or town Fair Grove, Rt. 2 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Ella Foley

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F.M.

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Raymond

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April (Month) 20 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	6	3	hr. min.

9. Birthplace ?? (City, town, or county) N.C. 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business None

FATHER
12. Name R.E. Buckner
13. Birthplace North Carolina 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Mc. Kinnish
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Foley

(b) Address Rt. 2, Fair Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 629 W. Walnut, Springfield, Mo.

19. (a) Oct 26 1942 (Date received local registrar) (b) Clara Coleman (Registrar's signature)

1230

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from May 1 1940 to Oct 1 1942
that I last saw her alive on July 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 10 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 13 b 1

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 0

23. Signature R. H. Frost (M. D. or other) MD

Address Strafford Mo Date signed 10/23/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 42-11-91
Date Filed 11/2/42

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 Frank Grable Jr.

Licensed Embalmer No. 5140

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.