

S. No. 2
OM-8-43
v. 5-17-39
I X37623

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34466

State File No.

FILED NOV 12 1946
Registration District No. 272

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,

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

(c) Name of hospital or institution: Perry, Missouri. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Missouri. 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Cassie V. Foree.

3. (b) If veteran, name war.....

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th.
year 1946 hour 7:00 minute A. M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Emmett Foree. 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased May, 20, 1872.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 24 1946 at Oct 25 1946 that I last saw her alive on Oct 24 at 8:30 PM and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>8</u>	hr. min.

Immediate cause of death Cerebral Hemorrhage 12 hours

9. Birthplace Monroe County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

Due to

Due to

Other conditions 83A
(Include pregnancy within 3 months of death)

11. Industry or business Home.

12. Name Theron Powers.

13. Birthplace Monroe County, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Hocker.

15. Birthplace Audrain County, Missouri.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Emmett Foree

(b) Address Perry, Missouri.

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?

17. (a) Burial (b) Date thereof 10-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southfork Cemetery.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work John Brown (Specify type of place) (c) Means of injury

18. (a) Signature of funeral director Clyde W. Wisk

(b) Address Perry, Missouri.

19. (a) 192646 (b) Clyde W. Wisk
(Date received local registrar) (Registrar's signature)

23. Signature John Brown (M. D. or other)

Address Perry, MO Date signed 10/25/46

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

33

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 10-46-2005
Date Filed NOV - 8 1946

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 Clayde C. Wilkey
Licensed Embalmer No. 3820
P. O. Address Perry, 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.