

BUREAU OF THE CENSUS  
**FILED MAR 10 1947**

**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 867

**1. PLACE OF DEATH:**

(a) County Jackson  
 (b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Children's Mercy Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 41 days  
(Specify whether years, months or days)  
 In this community 41 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Cass  
 (c) City or town Pleasant Hill  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charlotte Geraldine Foley

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 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 January 1, 1947  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pleasant Hill, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name ALFRED Foley

13. Birthplace Lator, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name ALBERTA GIBSON

15. Birthplace BETHUNE, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred J. Foley  
 (b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 2-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brunner  
 (b) Address Pleasant Hill, Mo.

19. (a) 2-26-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 25  
 year 1947 hour 11:05 minute 10 A.M.

21. I hereby certify that I attended the deceased from Pathologist to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Broncho pneumonia Duration 6 hrs  
 Due to Marasmus 50 days

Due to IMMATUREITY

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations \_\_\_\_\_  
 Of autopsy same

**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?  
 While at work \_\_\_\_\_ (Specify kind of place) (c) Means of injury D

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address St. Luke's Hosp. Date signed 25 Feb

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**