No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27684

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3714

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

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: 3
Vacant 16th at 17th & Crystal St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1706 E 35th 8
(If rural, give location)
(e) Citizen of foreign country? no - (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ELMER JOHN FOLLE

3. (b) If veteran, name war No record

3. (c) Social Security No. 454-10-0093

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife Pauline Boykin

6. (c) Age of husband or wife if alive about 41 years

7. Birth date of deceased 4/20/1904 (Month) (Day) (Year)

8. AGE: Years 43 ~~47~~ Months 4 Days 8 If less than one day hr. min.

9. Birthplace Pittsburg, Kans. (City, town, or county) (State or foreign country) 1

10. Usual occupation XStructural Steel Worker

11. Industry or business Unemployed

FATHER
12. Name H. E. Folle
13. Birthplace New Minden, Ill. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mary Blanken
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant H. E. Folle
(b) Address Pittsburg, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg, Kans.

18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.

19. (a) 8-30-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28
year 1947 hour 5 25 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Heat Stroke

Due to Coronary occlusion

Due to

Other conditions (Include pregnancy within 3 months of death) 191

Major findings:
Of operations 19

Of autopsy yes as above

Duration

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 123
(b) Date of occurrence 8-28-47
(c) Where did injury occur? K.C. Jackson, mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place heat stroke (Specify type of place)
While at work? no (e) Means of injury Coron 3

23. Signature [signature] (M. D. ~~or other~~)
Address 1424 [illegible] Date signed 8-29-47

(Licensed Embalmer's Statement on Reverse Side)

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 John P Sheil

Licensed Embalmer No. 3625

P. O. Address Kansas City 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.