

ED JUL 12 1943 84
Registration District No. 3038

Primary Registration District No. 3038

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCorney Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 21 Yes (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Winfred Foltz

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-07-4475-1

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Foltz 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 14 1980
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Bucklin (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name George Trofts

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

14. Maiden name Sarah Smith Sandy

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

16. (a) Informant's own signature Ralph R. Foltz

(b) Address Mapleburg Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Walter Bowden

(b) Address Brookfield Mo

19. (a) 6-9-1943 (Date received local registrar) (b) W W Cowan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 516 Laclede Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
_____ year 1943 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from 6-5-43
_____, 19____, to 6-7-43 19____;
that I last saw him alive on 6-7-43 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction Duration 2 da

Due to Coronary Arteriosclerosis
Long standing high blood pressure
Due to Arteriosclerosis 1 1/2

Other conditions 0
(Include pregnancy within 3 months of death)

Major findings: 3/2
Of operations 0 Of autopsy 0
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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
0
While at work? 0 (Specify type of place) (e) Means of injury 0

28. Signature W W Cowan (M. D. or other) Address Brookfield, Mo Date signed 7/8/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1-1931

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 Homer Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield 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, above space should be left blank.