REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17751
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township Washington — Primary Registration District No. 1001 — Registered No. 527
(c) City St. Joseph — (d) Street No. 45 E. Valley St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Henry Foster 236
(a) Residence, No. 45 E. Valley St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie Foster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26, 1877
7. AGE: YEARS 60 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. Swift & Co.
10. Date deceased last worked at this occupation (month and year) April 1937
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Halleck, Missouri

FATHER
13. NAME: H. G. Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Roanoke, Virginia

MOTHER
15. MAIDEN NAME: Mary E. Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankfort, Kentucky

17. INFORMANT (ADDRESS): Miss Genevieve Foster, 45 E. Valley St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Agency Cem. Agency Mo. May 18, 1938
19. FUNERAL DIRECTOR (ADDRESS): Clark Mortuary, 5025 King Hill Ave.
20. FILED May 16 1938 H J Nettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 38, to May 16, 1938
I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/14/38

Other contributory causes of importance: 8 2 W 1

Name of operation ..... Date of .....
What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) W. E. Harbeck
(Address) 1300 Ford Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. 3476 or by, Registered Apprentice No.

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 3476

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.)