

REC'D SEP 13 1938

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

27807

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. St. Joseph Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3118**2. PRINT FULL NAME** Infant Foster 236

(a) Residence, No. 415 W. 46th Terr. 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 White 4. COLOR OR RACE Female 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— — — — —

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo13. NAME Henry H. Foster Jr.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.15. MAIDEN NAME Marjorie Campbell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ia.17. INFORMANT Henry H. Foster Jr.  
(ADDRESS) 415 W. 46th Terr. K. C. MO.

18. BURIAL, CREMATION, OR REMOVAL Cremation  
 PLACE Elmwood Ceme DATE 8/5/38

19. FUNERAL DIRECTOR (NAME) J. E. Layberry  
(ADDRESS) 2315 Linwood Blvd. K. C. MO.20. FILED Aug 5 1938 M. M. Brown  
Local Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/38 193822. I HEREBY CERTIFY, That I attended deceased from 8-3, 1938, to 8-4, 1938.I last saw her alive on 8-4, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Premature - 6 mo

Date of onset

Other contributory causes of importance:

mother - laid attachment of placenta - fluid

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938Where 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Infant Foster, M. D.(Address) 1187 Myatt

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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, above space should be left blank.**