

DEC 1 3 1938

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

38685  
Do not use this space.

1. PLACE OF DEATH

(a) County Beechman Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1195  
(c) City St. Joseph (d) Street No. Mo. Meth. Hosp. 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.

2. PRINT FULL NAME

236 MARY - N - FOSTER  
(a) Residence, No. R.F.D. #2 St.  R.F.D. #2 - Mo.  
(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 Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 1895  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 0 4  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cashier for  
9. Industry or business in which work was done, as saw mill, bank, etc. Presidential Ins.  
10. Date deceased last worked at this occupation (month and year) Oct. 29 1938 11. Total time (years) spent in this occupation 19 yrs.  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beechman Co Mo.  
FATHER 13. NAME Henry C. Foster  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Missouri  
MOTHER 15. MAIDEN NAME Estelle La Follette  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Oregon  
17. INFORMANT (ADDRESS) Mrs. Ted McFair St. Joseph Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Ebenezer Bury DATE 12-1 1938  
19. FUNERAL DIRECTOR (ADDRESS) Stoney Funeral Home St. Joseph Mo.  
20. FILED 11-30 1938 J. H. Mattern Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29 1938  
22. I HEREBY CERTIFY, That I attended deceased from 11/24 1938 to 11/29 1938  
I last saw him alive on 11/28 1938. Death is said to have occurred on the date stated above, at 4:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Swallowed concentrated Eye with suicidal intent Date of onset 11/29/38  
163  
Other contributory causes of importance:  
Bilateral Lobar Pneumonia  
Caused from some of the Eye getting in Throat  
Name of operation Trajectory Date of 11/28/38  
What test confirmed diagnosis? antophy Was there an autopsy? Yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide suicide Date of injury 11-26 1938  
Where did injury occur? St. Joseph Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home  
Manner of injury accident  
Nature of injury " "  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. H. Mattern, M. D.  
(Address) 2629 St. Joseph Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

STATEMENT BY LICENSED EMBALMER

I, John Roy Stoney, Licensed Embalmer No. 2435  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.  
No. and Raymond Strook I.E. Registered Apprentice No. 166  
or by Raymond Strook working under my personal supervision.  
Signed John Roy Stoney  
Licensed Embalmer No. 2435

**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.)**