

AUG 7 1939

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

24737
Do not use this space.

Registered No. 2950

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1007
(c) City Kansas City, Mo. (d) Street No. Trinity Lutheran Hospital 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 Addie Foresman
(a) Residence, No. 7220 Terrace St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph H. Foresman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 0 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Illinois

FATHER 13. NAME Frank Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Ellen Everett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Chas. W. Goodrum
(ADDRESS) 7220 Terrace, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Abbey, DATE 7-22, 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED July 21, 1939 A. D. Browe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to July 20, 1939.
Last saw her alive on 7-15, 1939. Death is said to have occurred on the date stated above, at 5:25 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma cordis of stomach and oesophagus
Primary probably. Stomach
Pericious Anaemia
Date of onset 9 mo. + 1939

Other contributory causes of importance: Starvation due to clostr.

Name of operation Gastrotomy Date of 7-16-39
What test confirmed diagnosis? 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? If so, specify
(Signed) Joseph Lawrence M. D.
(Address) 626 Father Bldg. N.E. Mo.

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 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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.