

AUG 16 1939

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

25328
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 156
(b) Township Harrisonville Primary Registration District No. 409.0 Registered No. 41
(c) City Harrisonville (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 30 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

236 Calista Ellen Foster
(a) Residence, No. _____ 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 John O. Foster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 8 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home - maker
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) Marquette Mo.
13. NAME Thomas C. Royster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Mary C. Ellsworth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
17. INFORMANT (ADDRESS) R. G. Foster Harrisonville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Orest Cemetery DATE 7/16 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) RUNNENBURGER'S HARRISONVILLE, MO.
20. FILED 7/16 1939 J. S. Triplett Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1939

22. I HEREBY CERTIFY, That I attended deceased ~~only~~ only on June 14, 1939, to _____, 19____
I last saw her alive on June 14, 1939. Death is said to have occurred on the date stated above, at 4:30 A. m.
The principal cause of death and related causes of importance were as follows:

Myocardosis

Date of onset

Other contributory causes of importance: 93%

Name of operation _____ Date of _____
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? no
If so, specify _____
(Signed) J. S. Triplett, M. D.
(Address) Harrisonville Mo.

Dr. Triplett

(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.

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 Ernest Runnenburger

Licensed Embalmer No. 33680

P. O. Address Harrisonville

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.