

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44178

Registration District No. 623-

Primary Registration District No. 3031

Registrar's No. 168

1. PLACE OF DEATH: 2  
(a) County Nodaway  
(b) City or town Marysville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway  
(c) City or town Maryville Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 319 E. 4th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME MARY DAVIS FOSTER.  
3. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If \_\_\_\_\_ years  
7. Birth date of deceased June 7, 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ross Co. Ohio.  
(City, town, or county) (State or foreign country)

10. Usual occupation Dressmaker.

11. Industry or business \_\_\_\_\_  
12. Name John W. Foster  
13. Birthplace Ross Co. Ohio.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy J. Scott.  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John W. Foster  
(b) Address Maryville Mo

17. (a) Burial (b) Date thereof 12-17-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director John W. Price  
(b) Address Maryville, Mo. S.S.

19. (a) 12-21-39 (b) Marie E. Clardy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 14th  
year 1939 hour 3 minute 30 P. M.  
21. I hereby certify that I attended the deceased from June 30-39  
Dec 14th 1939, to Dec 14th 1939;  
that I last saw her alive on Dec 14th 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis Duration \_\_\_\_\_  
Due to Arterio-sclerosis

Due to \_\_\_\_\_  
Other conditions 93C  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Arterio-sclerosis  
Of autopsy No.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature L. D. Dean (M. D. or other) \_\_\_\_\_  
Address Maryville Date signed 12-22-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 11

District File Number 140-1962

Date Filed JAN 13 1940

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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 John W. Price  
Licensed Embalmer No. 3229  
P. O. Address Maryville 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.