

FILED FEB 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1932

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 16

12
7
3

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Mo. (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 826 Park ave
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME James Lorenzo Foster

(b) If veteran, name war _____

3. (c) Social Security No. 702-16-7931

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day Jan.
year 1941 hour 11 minute 35 A.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucy Foster 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 12 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 25, 1940, to Jan 12, 1941;
that I last saw him alive on Jan 11, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 9 Days 0 If less than one day hr. _____ min. _____

Immediate cause of death Calum myocarditis + arteriosclerosis

Due to _____

Due to _____

9. Birthplace Elvins mo
(City, town, or county) (State or foreign country)

10. Usual occupation conductor retired

11. Industry or business Mo. Pac. R.R.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

MOTHER FATHER { 12. Name W.C. Foster

13. Birthplace mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lucy Foster

(b) Address Poplar Bluff mo

17. (a) Removal (b) Date thereof Jan 14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismark mo

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff mo

19. (a) 1/14/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

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 Wm. Hancher (M. D. or other) 0

Address Poplar Bluff mo Date signed 1-18-41

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

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.