

2019

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSFEB 14 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104Primary Registration District No. 3008Registrar's No. 26

1. PLACE OF DEATH: CALLAWAY
 (a) County CALLAWAY
 (b) City or town FULTON
 (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

8. (a) PRINT FULL NAME SALLY FOSTER
 8. (b) If veteran, name war _____
 8. (c) Social Security No. NONE

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 22, 1878
 (Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 6
 If less than one day _____ hr. _____ min.

9. Birthplace Guthrie, MO
 (City, town, or county) (State or foreign country)

10. Usual occupation BOOKKEEPER

11. Industry or business _____

MOTHER FATHER
 12. Name Geo. T. FOSTER
 13. Birthplace U.R. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name MARIE ANN GUTHRIE
 (City, town, or county) (State or foreign country)
 15. Birthplace Guthrie, MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Y. Brown
 (b) Address 711 Court St Fulton, Mo
 17. (a) Uremia (b) Date thereof Jan 30, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Guthrie, Mo.
 18. (a) Signature of funeral director Wm. Y. Maxson
 (b) Address 700 Court St Fulton, Mo.
 19. (a) Jan 29, 1941 (b) R. N. Creva.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County CALLAWAY
 (c) City or town FULTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. 711 COURT ST.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
 year 1941 hour 11:45 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Dec 1939 to Jan 28, 1941
 that I last saw her alive on Jan 28, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 wks.
 Due to multiple myeloma 9 mo.
 Due to _____

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy Same as above
 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?

23. Signature John Y. Brown (Specify type of place) _____
 Address Fulton, Mo (e) Means of injury _____
 Date signed 1-29-41
 (M. D. or other)

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.

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 Glen Y. Marpin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.