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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10529

Registration District No. 239 Primary Registration District No. 4158 Registrar's No.

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Maysville (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 6 mo years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb
(c) City or town Maysville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Foster
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Foster
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 14 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 30 If less than one day hr. min.

9. Birthplace Harrison Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Anderson Foster
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Bogue
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Anna Foster
(b) Address Maysville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 20 41 (Month) (Day) (Year)
(c) Place: burial or cremation Amity Cemetery
18. (a) Signature of funeral director [signature]
(b) Address Maysville Mo
19. (a) 3-20-41 (Date received local registrar) (b) Ethel H. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1941 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept 2nd, 1940 to March 17, 1941
that I last saw him alive on March 16, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	
Due to Indefinite	
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place) While at work? (e) Means of injury No

23. Signature [signature] M.D. or other
Address Maysville Date signed 3/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3960

P. O. Address Maysville 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, fact should be so stated above.