

FILED JUN 10 1941

19545

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 487

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(c) Name of hospital or institution: Missouri Methodist O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 hrs 20 min  
In this community One day years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Dearbon Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. None (If rural, give location)  
(e) If foreign born, how long in U. S. A? 1 years

3. (a) PRINT FULL NAME Daw Foster

3. (b) If veteran, name war no 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 2nd 1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 13 hr. 20 min.

9. Birthplace St Joseph Missouri (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Lloyd A. Foster

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

14. Maiden name Mary Frances Withers

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

16. (a) Informant Lloyd A. Foster

(b) Address Dearbon Mo

17. (a) Burial (b) Date thereof May 3-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearbon Mo

18. (a) Signature of funeral director William Davis

(b) Address Dearbon Mo

19. (a) May 3 1941 (b) W. Withers (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1941 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 2 1941 to May 2 1941; that I last saw him alive on May 2 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Ablectasis (Pul)

Due to Pneumonia

Due to None

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy ablectasis (Pul)

Duration

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? \_\_\_\_\_

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

23. Signature Frank N. Dequei (M. D.) Wm D.  
Address Frederic St Date signed May 3/41

**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 Reuben Davis

Licensed Embalmer No. 4160

P. O. Address Seaborn Md.

**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.**