

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25907**

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

Registration District No. **713**

Primary Registration District No. **5942**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Highway 17 - Waynesville - Crocker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Same as above
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community **1 Month 16 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Michigan** (b) County **Unknown**
(c) City or town **Durand**
(If outside city or town limits, write "RURAL")
(d) Street No. **421 W. Main St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Paul J. Foss

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 **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 9 1913**
(Month) (Day) (Year)

8. AGE:

Years **27**

Months **8**

Days **28**

If less than one day hr. _____ min. _____

9. Birthplace **Summer**

(City, town, or county)

Illinois

(State or foreign country)

10. Usual occupation **Soldier U.S. Army**

Battery F. 182nd F.A.

11. Industry or business _____

MOTHER FATHER
12. Name **James F. Foss**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

Unknown

Unknown

Unknown

16. (a) Informant **Military Records**

(b) Address **Ft. Leonard Wood, Mo.**

17. (a) **Removal**

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **John Clark**

John Clark

(b) Address **Bolla Funeral Home, 1011 S. 1st St.**

19. (a) **8/8/41**

(b) **John Clark**
(Registrar's signature)

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8**
year **1941** hour **2** minute **50** A.M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **HEMORRHAGE INTO the lungs**
② Pulmonary Emphysema

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy **as above**

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) **Accident of 5**

(b) Date of occurrence **August 8, 1941**

(c) Where did injury occur **Near Waynesville, Pulaski, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? **No.** (Specify type of place) (b) Means of injury **Auto + Tree**

23. Signature **John E. Foster Jr.** (M. D. or other) **J.E.F.**

Address **Ft. Leonard Wood, Mo.**

Date signed **8-8-41**

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

RECEIVED

Pulaski County Health Officer

File Number 841-34

Date Filed 8-15-41

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.....

Licensed Embalmer No. 4216

P. O. Address Roller M

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.