

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29020

Registration District No. 653

Primary Registration District No. 4390

Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County Deming
(b) City or town Hayti, Mo.
(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 where lived years, months or days

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4 year 1941 hour 6 minute 30 a.m.
21. I hereby certify that I attended the deceased from Sept 3, 1941, to only once, 1941; that I last saw her alive on Sept 3, 1941; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (If dead, (Date) (Year))

Immediate cause of death: Pneumonia
Duration Hours

8. AGE: Years _____ Months 11 Days 25 If less than one day _____ hr. _____ min.

Due to Whooping Cough
Due to _____

9. Birthplace Hayti, Mo. (City, town, or county) (State or foreign country)

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

10. Usual occupation Infant

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Arthur Leon Foster
13. Birthplace D.K. Miss 1 (City, town, or county) (State or foreign country)

14. Maiden name Josie Holt
15. Birthplace Hornersville, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earl Cerce
(b) Address Hayti, Mo.

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? _____

17. (a) Burial (b) Date thereof 9-5-41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hayti-White Cemetery

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Earl Cerce
(b) Address Hayti, Mo.
19. (a) 9/5/41 (b) Earl Kelley (Date of local registrar) (Registrar's signature)

23. Signature A. Y. Shiner (M. D. or other) _____
Address Hayti, Mo. Date signed 9-4-41

(Licensed Embalmer's Statement on Reverse Side)

9-41-24

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.....

P. O. Address.....

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.