U. S. No. 2
C-4—9-4-41
Rev. 5-17-39
Form I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6905

FILED MAR 16 1942

Registration District No. 49

Primary Registration District No. 2002A

Registrar's No. 63

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin C.T. (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: 13 years. (years, months or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 3224 Oak Ridge Drive (If rural, give location) 5 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Linda Jane Foster

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

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: Jan. 10, 1928 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
14	1	18	hr. ____ min.

9. Birthplace: Joplin Mo; (City, town, or county) U (State or foreign country)

10. Usual occupation: student

11. Industry or business:

FATHER
12. Name: Gold Foster
13. Birthplace: Nebraska (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Laura Freeman
15. Birthplace: Joplin Mo; (City, town, or county) U (State or foreign country)

16. (a) Informant: Gold Foster
(b) Address: 3224 Oak ridge, Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery

18. (a) Signature of funeral director: Hurlbut Und. Co;
(b) Address: Joplin Mo;

19. (a) 3-3-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

1204 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Feb. 1942 year ____ hour 7-45 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from 1-5, 1942 to 2-28, 1942 that I last saw h. alive on 2-25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Endocarditis Myocarditis	3 Mo.
Due to: Pyelo-nephritis	3 Mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 33a	
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:

23. Signature: Hyll Hurlbut (M. D. or other)
Address: Date signed: 3/21/42

42-2-139

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 Steve D Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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.