DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11715

Registration District No. 718 — Primary Registration District No. 6430 — Registrar's No. 43

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town UNIONVILLE Tuna (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: UNIONVILLE MO. 1 (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 SIX-MO.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PUTNAM 86

(c) City or town UNIONVILLE MO (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.? ✓ 0 years.

3. (a) PRINT FULL NAME Ruth Evden. FOSTER

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. —

4. Sex F 1 — 5. Color or race W — 6. (a) Single, widowed, married, divorced S —

6. (b) Name of husband or wife ✓ — 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Sept (Month) 21 (Day) 41 (Year)

8. AGE: Years ✓ — Months 6 — Days 16 — If less than one day ___ hr. ___ min.

9. Birthplace UNIONVILLE (City, town, or county) 0 MO. (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name FRED E. FOSTER
13. Birthplace RUSSELL (City, town, or county) IOWA. 1 (State or foreign country)

MOTHER
14. Maiden name BEULAH SELLERS.
15. Birthplace MELROSE (City, town, or county) IOWA. 1 (State or foreign country)

16. (a) Informant's own signature Fred E. Foster

(b) Address Unionville, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-8-42 (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE, MO.

18. (a) Signature of funeral director H. Husted & Son

(b) Address Unionville Mo

19. (a) 4-10-42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr. day 8. 8 year 42 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept-21, 1942, to apr-8, 1942 that I last saw her alive on apr 8, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Icterus.	6 Mo.
Due to Portal Stasis. Obstructive Jaundice	
Due to Hypertrophy of Liver	6 Mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

1579

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 0

23. Signature J Neal Martin (M. D. or other) 4/10

Address Unionville Date signed 4/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 4-16-839
Date Filed APR 16 1942

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 Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Amoville 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, above space should be left blank.