

FILED JUN 11 1942

Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **2171**

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson County**

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

(c) Name of hospital or institution: **Littles sisters of the Poor**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 mo.**
(Specify whether years, months or days)

In this community **six years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **5331 Highland**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Foster Emma**

3. (b) If veteran, name war _____

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Thomas Foster** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **March 10 1865**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	21	hr. _____ min. _____

9. Birthplace **Indiana** 1
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Carson**

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

14. Maiden name **Effie Carson**

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

16. (a) Informant **J. H. Heck**

(b) Address **5331 Highland ave**

17. (a) **Burial** (b) Date thereof **6-3-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys**

18. (a) Signature of funeral director **Quinn & Tobin**

(b) Address **2000 Kinross**

19. (a) **6-2-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1st** day **June** year **1942** hour **5:20** minutes **9** M.

21. I hereby certify that I attended the deceased from **May 28**, 1942 to **June 10**, 1942 that I last saw her alive on **June 1**, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis 8 hours**

Due to **Arterio Sclerosis**

Due to **several years**

Other conditions **9400**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **no**

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury **0**

23. Signature **John T. Skinner** (M. D. or other) **M.D.**

Address **11402 13th Street Bldg** Date signed **6/2/42**

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..... *Charles M. Quirk*

Licensed Embalmer No..... *3794*

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.