V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25509

Registration District No. 845 1096 Primary Registration District No. 61-61 [illegible] Registrar's No.

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

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1. PLACE OF DEATH:
(a) County Stone
(b) City or town Cape Fair Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Fair Creek Fay
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 41 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone 109
(c) City or town Cape Fair Rural D
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (~~Yes or~~ No) D
If yes, name country

3. (a) PRINT FULL NAME Harlan Foster
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M D
5. Color or race wh
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ married 1
6. (b) Name of husband or wife Lucy Foster
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased July (Month) 31 (Day) 1900 (Year)

8. AGE: Years 41 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Cape Fair Mo. (City, town, or county) D (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name J. J. Foster
13. Birthplace (City, town, or county) Ill 1 (State or foreign country)
MOTHER
14. Maiden name Delia Clark
15. Birthplace (City, town, or county) Missouri D (State or foreign country)
16. (a) Informant Sevastal Newell
(b) Address 215 Park ave Hot Spring Ark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 16 (Day) 42 (Year)
(c) Place: burial or cremation Cape Fair Mo
18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena, Mo
19. (a) July 20/1942 (Date received local registrar) (b) Rubye Arnold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 13, 1942 to July 13, 1942
that I last saw him ~~alive~~ on July 13th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of the Lungs	
Due to Gun Shot	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) homicide
(b) Date of occurrence July 13 - 1942
(c) Where did injury occur? Cape Fair (City or town) Stone (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? yes (e) Means of injury Gun Shot
23. Signature Everett J. Cheatham (~~M.D.~~ or other) Coroner
Address Galena, Mo. Date signed July 13

12x2 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1215
Date Filed AUG 12 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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.