

STANDARD CERTIFICATE OF DEATH

30048

State File No.

FILED OCT 13 1942

Registration District No. 4-0-9-0-0

Primary Registration District No. 5-4090

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Hunter Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 25 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter
(c) City or town Hunter Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th.
year 1942 hour 10 minute 15/P.M.
21. I hereby certify that I attended the deceased from
July 15 1939 to August 25 1942
that I last saw him alive on January 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis.
Auricular Fibrillation
Due to Badly infected carious
Teeth
Due to.....

Duration
?
8 Mo.

Other conditions.....
(Include pregnancy within 3 months of death) 95a
Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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?

23. Signature Helena Cotten Buckholz (M. D. or other) M.D.
Address Van Buren Mo. Date signed 8-24-42

3. (a) PRINT FULL NAME Edward Lewis Foust
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race W
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 march 3 1883
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 3
If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business.....

12. Name unknown
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gerhardt
(b) Address Hunter Mo
17. (a) Burial (b) Date thereof 8-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren Mo.

18. (a) Signature of funeral director Leuckel Funeral Serv. Co.
(b) Address Van Buren Mo.
19. (a) Aug 26 1942 (b) Mrs. A. J. Smith
(Date received local registrar) (Registrar's signature)

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

1800

MOTHER FATHER

1078

RECEIVED

District Health Officer No. 5

District File Number 1042897

Date Filed 10/7/42

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.....

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.