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

FILED JUN 28 1943, 28

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr Burke

State File No. 21335

Registration District No. ~~212~~

Primary Registration District No. 2000

Registrar's No. 466

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
None 1128 E. Scott /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2

(c) City or town Springfield, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1128 E. Scott
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elmeda Eliza Foster

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Oren Foster

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased January (Month) 20, (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 53	4	16	hr. min.

9. Birthplace Douglas County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Jobe Alexander
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Harold Foster
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 6-19-43 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th, year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from May 27, 1943, to June 4, 1943; that I last saw her alive on June 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Chr. myocarditis

Due to Lues Chr. Bronchiectasis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

30 8

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. H. Burke (M. D. or other)

Address 410 Woodruff Bldg Date signed 6/17/43

9 6 4

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis G. Schaaff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.