

SEP 10 1943

Registration District No. **128**

Primary Registration District No. **3000**

Registrar's No. **671**

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:  
Home, 1236 E. Mill  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community. 12 Years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State. Missouri (b) County. Greene  
 (c) City or town. Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1236 E. Mill  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Lida Price Foster

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

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married  
 6. (b) Name of husband or wife. John D. Foster 6. (c) Age of husband or wife if alive. unk years  
 7. Birth date of deceased. July 13 1930  
(Month) (Day) (Year)

**8. AGE:** Years 73 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation. housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name. Col John H. Price  
 13. Birthplace. unk. Va.  
(City, town, or county) (State or foreign country)  
 14. Maiden name. Mary Caldwell  
 15. Birthplace. unk. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant. William Foster  
 (b) Address. Springfield, Mo.

17. (a) Burial (b) Date thereof. 8-19-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation. Eastlawn Cem.

18. (a) Signature of funeral director. H. I. Lohmeyer  
 (b) Address. Springfield, Mo.

19. (a) 8-19-43 (b) H. W. Handley  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 17 year 1943 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from June 15 1943 to Aug 17 1943  
 that I last saw him alive on Aug 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Obstruction

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions. 942  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature H. W. Handley (M. D. or other) \_\_\_\_\_  
 Address Springfield, Mo. Date signed \_\_\_\_\_

Aug 18/43

SEP 17 1948.

**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 *L. Louis Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

**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.**