

FILED DEC 6 1943

State File No. _____

Registration District No. 99

Primary Registration District No. 5378

Registrar's No. 155

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Rural - Polk Twp
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Rural - Polk Twp
(d) Street No. Unity, RFD.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRY H. FOSTER

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 married
6. (b) Name of husband or wife Orpha Foster 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb 7 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Amos J. Foster

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Jenelope Thomas

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Edna E. Berens

(b) Address 824 Sylvan St. Joplin Mo

17. (a) Burial (b) Date thereof Nov. 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City, Mo.

19. (a) 11-8-43 (b) Amos J. Foster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1943 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from brewed the body
~~_____~~ and that death occurred on the date and hour stated above.

Immediate cause of death Excitation by power take-off on corn picking machine

Due to _____
Due to 175a-6
Other conditions (Include pregnancy within 3 months of death) 3

Major findings: Compound and multiple fractures of right leg.
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident, Corn picking
(b) Date of occurrence October 29, 1943

(c) Where did injury occur? Union Star, DeKalb county Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm (Specify type of place)

While at work? yes (Specify type of place) (e) Means of injury Corn picking machine

23. Signature Arthur E. Rockwell (M.D. or other) D.D.
Address Union Star, Mo. Date signed 11/30/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

32
0
0

32

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.....

Lucile M. Wilson

Licensed Embalmer No. *2830*

P. O. Address.....

King City 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.