

Registration District No. 2

Primary Registration District No. 5015

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Lincoln Twp
(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 _____ (Specify whether)
In this community 26 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew Co
(c) City or town Amazonia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph Robert 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 SD

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 17 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 2 14 hr. _____ min.

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

10. Usual occupation Farmhand

11. Industry or business _____

MOTHER { 12. Name Pete Foster

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

14. Maiden name Lucy O'Wan d'Zuk

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

16. (a) Informant Mrs Pete Foster

(b) Address Amazonia Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 1-2-44
(Month) (Day) (Year)

(c) Place: burial or cremation Amazonia

18. (a) Signature of funeral director E. B. Preet

(b) Address Amazonia Mo

19. (a) 12-31-43 (Date received local registrar) (b) F. H. Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 43 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug 20 1943
Dec 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 3 yrs

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature Arthur H. Kelly (M. D. or other)
Address Amazonia Mo Date signed Jan 1-44

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

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.