

FILED FEB 9 1944
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs
(Specify whether
In this community 27 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 Atchison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anthony John Foross

3. (b) If veteran, name war No
3. (c) Social Security No. 491-10-4293

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Sept 10 1914
(Month) (Day) (Year)

8. AGE: Years 29 Months 4 Days 16
If less than one day hr. min.

9. Birthplace W. Va 1
(City, town, or county) (State or foreign country)

10. Usual occupation Card Dealer - Saloman

11. Industry or business

12. Name Guy Foross

13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Rose
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Foross

(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 1-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Fleemon & Son Inc

(b) Address St Joseph Mo

19. 1-31-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from
January 25 1944 to January 26 1944
that I last saw him live on January 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute lobar pneumonia from history
Duration 40 days

Due to 108

Other conditions Cardio Comp. No Facts
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Lobar pneumonia both lungs and old kidney complaints

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) (Means of injury)

23. Signature Dr. Robert W. [Signature] M.D. or other
Address 109 1/2 N. 8th St. St. Joseph, Mo Date signed 1/27/44

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

MOTHER FATHER

1233

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.....

Robert H. Yapple

Licensed Embalmer No.....

3308

P. O. Address.....

St. Joseph, 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.