

Registration District No. **156**

Primary Registration District No. **2001**

**1. PLACE OF DEATH:**

(a) County **Jasper**  
(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**814 W. Fourth Street /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 year**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Joplin**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **710 Wall Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME James Virgil Foster**

**3. (b) If veteran, name war World War #1** **3. (c) Social Security No. 491-01-6839**

**4. Sex M** **5. Color or race W** **6. (a) Single, widowed, married, divorced, widowed**

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

**7. Birth date of deceased April 18, 1889**  
(Month) (Day) (Year)

**8. AGE:** Years **54** Months **8** Days **26** If less than one day hr. min.

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

**10. Usual occupation car repairer**

**11. Industry or business railroad**

**12. Name James H. Foster**

**13. Birthplace Batesville Arkansas**  
(City, town, or county) (State or foreign country)

**14. Maiden name Frances Jones**

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

**16. (a) Informant Elmer Foster**  
**(b) Address 2305 Adele, Joplin, Mo.**

**17. (a) burial (b) Date thereof 1/17/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation Sarcovie, Missouri**

**18. (a) Signature of funeral director PARKER-HUNSAKER**

**(b) Address 1502 Joplin, Joplin, Mo.**

**19. (a) 1-14-44 (b) [Signature] (c) [Signature]**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH: Month January day 14**  
year **1944** hour **9** minute **30** A. M.

**21. I hereby certify that I attended the deceased from 12-24 1943 to 12-27 1943**  
that I last saw him alive on **12-27** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris** Duration

Due to **Coronary Arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death) **gfa**

Major findings: Of operations

Of autopsy

**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) (a) Means of injury

**23. Signature [Signature] (M. D. or other)**  
Address **Joplin, Mo** Date signed **1/14/44**

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

254

44-1-1

JAN 24 1944

REC-8  
1944

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.