

FILED MAR 15 1944

Registration District No. 47

Primary Registration District No. 02168

Registrar's No. 76

1. PLACE OF DEATH
(a) County CALLAWAY
(b) City or town M. SCREDIE 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 3 MONTHS years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County Neosho 999
(c) City or town Thayer 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 9.

3. (a) PRINT FULL NAME RICHARD HOWERY FOSTER
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced DECEASED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 30 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 24 year 1944 hour 2 minute 0 A.M.
21. I hereby certify that I attended the deceased from 04 Feb 24 1944 to 1944 that I last saw him alive on Feb 24 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

8. AGE: Years Months Days If less than one day
70 1 25 br. min.

Due to Arterio-Sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace TIPTON CO. IND. 1
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED R.R. SECTION FOREMAN
11. Industry or business _____
12. Name Alec FOSTER
13. Birthplace IND. 1
(City, town, or county) (State or foreign country)
14. Maiden name EVANS
15. Birthplace IND. 1
(City, town, or county) (State or foreign country)

Major findings: 830
Of operations _____
Of autopsy _____

16. (a) Informant Mr Fred Springer
(b) Address Mc Credie, Mo.
17. (a) Removal (b) Date thereof 2/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thayer, Kansas
18. (a) Signature of funeral director Glenn J. Mangin
(b) Address 712 Court St. Fulton, Mo.
19. (a) 2/26/44 (b) J. M. Muehlhoff
(Date received local registry) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address Fulton Date signed 2/25/44

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-14-44

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 Gen. G. Marpin
Licensed Embalmer No. 2725
P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.