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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7409

State File No.

FILED MAR 13 1944

Registration District No. 13 1944

Primary Registration District No. 5582

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town ~~Carthage~~ Rural - Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R.#4 (Atlas) Carthage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 0

(c) City or town RCarthage, Mo.
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.R.#4 (Atlas)
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lyle Foster

3. (b) If veteran, name war no data

3. (c) Social Security No.

4. Sex Male

5. Color or race W. 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Goldia Foster

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

7. Birth date of deceased August (Month) 18, (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	6	10	..... hr. ..... min.

9. Birthplace Buffalo County (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Maintenance Engineer

11. Industry or business Atlas Powder Co.

FATHER
12. Name E. V. Foster
13. Birthplace no data (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name Julian C. Klein
15. Birthplace no data (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant Widow Goldia Foster
(b) Address R.R.#4 Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/44 (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park Cemetery

18. (a) Signature of funeral director Hedge - Nelson
(b) Address Webb City, Missouri

19. (a) Mch 4 '44 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Feby 28, 1944 to Feby 28, 1944
that I last saw him alive on Feby 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	7 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H L Wilbur (M. D. or other)
Address Joplin Mo Date signed 7/28/44

1283

(Licensed Embalmer's Statement on Reverse Side)

44-2-208

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 [signature]

Licensed Embalmer No. 2859

P. O. Address Webb 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.