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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10978

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 223

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1, 2409 N. Campbell
(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 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 842 E Fifth St 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Laura A Foster

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 1
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Foster
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 20, (Day) 1868 (Year)

8. AGE: Years 75 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Newton Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Tom Watkins
13. Birthplace Unknown (City, town, or county) Unk. 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unk. 9 (State or foreign country)

16. (a) Informant Roy Foster
(b) Address 2409 N Campbell, Spfd, Mo
17. (a) [redacted] (Burial, cremation, or removal) Burial (b) Date thereof Mar 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Carthage, Mo
18. (a) Signature of funeral director Fred C Phisene
(b) Address 1100 Boonville Ave Spfd, Mo
19. (a) 3-6-44 (Date received local registrar) (b) B W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1944 hour 10:00 minute 4 M.

21. I hereby certify that I attended the deceased from March 4, 1944, to March 5, 1944 that I last saw her alive on March 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gall Bladder Possible Rupture Gall stones — Duration 1 2 days

Due to also Chronic Valvular Heart Lesion — 2 yrs

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

Major findings:
Of operations none
Of autopsy no

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 D

23. Signature D. F. Freeman (M. D. or other) 3-6-44
Address Springfield Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Mo

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

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