

FILED MAY 10 1944

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15388

Do not use this space.

1. PLACE OF DEATH

(a) County Deming Registration District No. 268  
(b) Township Little River Primary Registration District No. 5906  
(c) City Bragg City, Mo. (d) Street No. 1  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Calvin Foster

(a) Residence, No. Bragg City RFD St. Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-44  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bragg City, Mo.

FATHER 13. NAME Earl Foster  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Norma Ellen Smith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camel, Mo.

17. INFORMANT (ADDRESS) mother

18. BURIAL, CREMATION, OR REMOVAL PLACE Order 110 DATE April 11, 1944

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED 4. 11. 44 J. R. Reary Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-44  
22. I HEREBY CERTIFY, That I attended deceased from 4-10-44, 19, to 4-10-44, 19.  
I last saw him alive on 4-10-44, 19. Death is said to have occurred on the date stated above, at 10.9 m.  
The principal cause of death and related causes of importance were as follows:

lined four hours premature 6 mo  
Date of onset

Other contributory causes of importance: 159

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) H. S. Gullett, M. D.  
(Address) Wardell, Mo.

4-44-85

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**