

FILED JUN 14 1944

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

19015

Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 314
 (b) Township JACKSON Primary Registration District No. 6063
 (c) City Lowry City Mo. (d) Street No. 49 St.
 (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 49 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gulford P. Foster
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 3 21
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Rondo
 (STATE OR COUNTRY) Tolk Co Missouri

13. NAME Robert William Hudson
 14. BIRTHPLACE (CITY OR TOWN) Not Given
 (STATE OR COUNTRY) Knox Co Tenn

15. MAIDEN NAME Elizabeth Goddard
 16. BIRTHPLACE (CITY OR TOWN) Not Known
 (STATE OR COUNTRY) Knox Co Tenn

17. INFORMANT (ADDRESS) Edith Foster
Lowry City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lowry City Cemetery 5/15/1944

19. FUNERAL DIRECTOR (NAME) H. C. Austin
 (ADDRESS) Lowry City, Mo.

20. FILED 5-13 1944 J. B. Goodrich
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1944

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1944, to 5-13, 1944

I last saw him alive on 4-25, 1944. Death is said to have occurred on the date stated above, at 9 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Hypertension

Arteriosclerosis

Date of onset
5-13-44

Other contributory causes of importance:

Branchial asthma

Name of operation 940 Date of 1944
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 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) T. H. D. Angles, M. D.
 (Address) Lowry City, Mo. 5-13-44

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RE BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

U. S. N. 1 X16603
BOM-9-1960

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 5-44-748

Date Filed 6-12-44

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 H. C. Austin.....

Licensed Embalmer No. 3609.....

P. O. Address Louis 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, above space should be left blank.