V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Laws 24041

State File No. 24041

FILED AUG 10 1944

Registration District No. 21944 Primary Registration District No. 3005 Registrar's No. 49

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

1. PLACE OF DEATH
(a) County: Bates
(b) City or town: Butler (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hrs. 0 (Specify whether years, months or days)
In this community: ~~2 hrs~~ Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Bates 7
(c) City or town: Rich Hill Mo. 1 (If outside city or town limits, write "RURAL")
(d) Street No.: 112 Myrtle 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No): P
If yes, name country: 0

3. (a) PRINT FULL NAME: Gertrude Foster
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: William Foster
6. (c) Age of husband ~~or wife~~ if alive: 64 years
7. Birth date of deceased: Mar. (Month) 3 (Day) 1886 (Year)
8. AGE: Years 58 Months 6 Days 3 If less than one day hr. min.
9. Birthplace: Jefferson City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: —
MOTHER FATHER
12. Name: George Swartz
13. Birthplace: Jefferson City (City, town, or county) Mo. (State or foreign country) 0
14. Maiden name: Barbara Kirschner
15. Birthplace: Jefferson City (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant: Wm Foster
(b) Address: Rich Hill Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Lutheran Cem. Rich Hill Mo.
18. (a) Signature of funeral director: Boothe
(b) Address: Rich Hill Mo.
19. (a) 7-8-44 (Date received local registrar) (b) Pauline Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1944 hour 6 00 minute P. M.
21. I hereby certify that I attended the deceased from July 6th, 1944, to July 6th, 1944; that I last saw her alive on July 6th, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Chronic nephritis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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:
23. Signature: L D Lathe (M. D. or other) MD
Address: Butler, Mo Date signed: 7-8-44

1506 (Licensed Embalmer's Statement on Reverse Side)

REGI...
District Health Union No. 7,
District File Number 7-44-937
Date Filed 8-9-44

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.