

FILED AUG 12 1944
37

State File No. _____
Registrar's No. 119

Registration District No. _____

Primary Registration District No. 5508

1. PLACE OF DEATH:

(a) County Henry, Mo.
 (b) City or town Appleton City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
 (c) City or town Appleton City, Mo. (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 11th St. S. of Appleton City, Mo.
 (Specify whether rural or town or city)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DAVID CHARLES FOSTER
 (b) If veteran, name war _____
 (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 (b) Name of husband or wife Mary E. Foster 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Sept. 21 1878
 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace _____
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Marion Edward Foster
 { 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Miller
 (b) Address Butler, Mo.

17. (a) Burial (b) Date thereof June 8 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rural Burial

18. (a) Signature of funeral director Oscar Eckhoff
 (b) Address Appleton City, Mo.

19. (a) July 8 1944 (b) Georgia Kitcher
 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
 year 1944 hour 3:30 minute P. M.
 21. I hereby certify that I attended the deceased from June 3, 1944
 _____, 19____ to June 6, 19____
 that I last saw him alive on June 5, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 days
 Due to Chronic nephritis with hypertension 4 years
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 131R
 PHYSICIAN

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?

While at work _____ (Specify type of place)
 Means of injury ?

23. Signature Edward Barnett (M. D. or other) D.O.
 Address Appleton City, Mo. Date signed 7/7/44

4200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District case number 7-44-929

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 Paul Truett

Licensed Embalmer No. 3990

P. O. Address Oscota 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.