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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28421

State File No.

Registration District No. 23-1

Primary Registration District No. 3048

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville (If outside city or town limits, write "RURAL") 2

(d) Street No. 620 College Ave. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Albert Foster

3. (b) If veteran, name war World war # 1

3. (c) Social Security No.

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Clayton Foster

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January (Month) 14 (Day) 1874 (Year)

8. AGE: Years 70 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Maxwell (City, town, or county) Tenn (State or foreign country) 1

10. Usual occupation College Professor

11. Industry or business Thomas Foster

FATHER
12. Name Maxwell Tenn. 1
13. Birthplace (City, town, or county) Harrett Alspaugh (State or foreign country)

MOTHER
14. Maiden name Tenn 1
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clayton Foster

(b) Address Maryville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-9-44 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) 8-12-44 (Date received local registrar) (b) Amy Barbro (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1944 hour 4:40 minute a M.

21. I hereby certify that I attended the deceased from April 8 1944, 19 August 7 1944 that I last saw him alive on August 6 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory Failure following a hemiplegia

Due to Ruptured middle meningeal Branch of Right side

Due to High Blood pressure of long standing.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration

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 Chas. T. Bell (M. D. or other)

Address Maryville, Mo. Date signed 8/7/44

1941 (Licensed Embalmer's Statement on Reverse Side)

SEP 17 1948

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 Clem W. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.