

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1/2 hour
(Specify whether
 In this community Since 1929
years, months or days)

3. (a) PRINT FULL NAME Pearl Foster
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Frank Foster
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 7th 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 26
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER {
 12. Name Neal Simmons
 13. Birthplace Simpson Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Beltcher
 15. Birthplace Simpson Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Foster
 (b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 2-04-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 2-7-45 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 302a Broadway 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 4
 If yes, name country _____ 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 2nd
 year 1945 hour 7 minute 30 P.M.
 21. I hereby certify that I attended the deceased from January 23 1945 to February 2, 1945.
 that I last saw her alive on February 2, 1945.
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 11 days
Duration

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None
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 [Signature] (M. D. or other) [Signature]

Address 131 1/2 N. 11th Cape Girardeau, Mo. Date signed FEB 6 - 1945

RECEIVED

District Health Officer No. 4
District File Number 345-310
Date Filed 3-6-45

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.....

Bill Lewis....., Registered Apprentice No. 576
working under my personal supervision.

Signed J. J. Harmon.....

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, 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.