

S. No. 2
M-5-43
7-5-17-39
P I X36671

State File No. _____

Registrar's No. _____

FILED JAN 14 1946

Registration District No. 128

Primary Registration District No. 5000

1068

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Burge Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 7 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County De La Platte
(c) City or town Cedar Edge
(If outside city or town limits, write "RURAL") 5
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joe Freeman Foster

3. (b) If veteran, name war No 3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ora M. Foster 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec. 7, 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Stockman

11. Industry or business _____

MOTHER FATHER { 12. Name Julian J. Foster
13. Birthplace UNK. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Turner
15. Birthplace UNK. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.W. Gipe
(b) Address 710 S. Dollison, SPED, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/27/45
(Month) (Day) (Year)
(c) Place: burial or cremation Cedar Edge, Colorado

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 12-26-45 (b) or not attended
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1945 hour 9 minute 55a. M.
21. I hereby certify that I attended the deceased from Dec 18
_____, 1945, to Dec 23, 1945;
(that I last saw him alive on Dec 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial infarction
Thrombosis
Causing obstruction
of branch (small)
Due to _____
Influenza may have
been a contributing factor
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 335

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? _____

While at work? _____ (Specify type of place) Means of injury 0
23. Signature W.H. Gipe (M. D. or other) _____
Address Spfld, Mo. Date signed Dec 24/45

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

39
2
6

984

x

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 *Donald German*

Licensed Embalmer No. *3177*³²

P. O. Address *Springfield 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.

X