

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JAN 28 1946 STANDARD CERTIFICATE OF DEATH

1962

State File No. _____

Registrar's No. 155

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH: Audrain
(a) County _____
(b) City or town Mexico, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 415 Agriculture /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain 4
(c) City or town Mexico, Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 415 Agriculture 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John E. Foster
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 6
year 1945 hour 5 minute F M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Foster
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June 25 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 5 Days 11
If less than one day _____ hr. _____ min.

Immediate cause of death Was found dead by his wife in his blacksmith shop at his home. All evidence & circumstances shown death due to be due to what is commonly termed natural causes. Probable Heart Block. Duration _____
Other conditions Causes Probable Heart Block.
Major findings: Of operations _____
Of autopsy none 950

9. Birthplace Calloway, Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Blacksmith

11. Industry or business _____
12. Name John R. Foster
13. Birthplace dk 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Francis Jasper
15. Birthplace Boone Co Mo 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J.E. Foster
(b) Address Mexico, Mo

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Dec 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boydsville Cem

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)

18. (a) Signature of funeral director Clara C. Curren
(b) Address Mexico, Mo
19. (a) 12/9/45 (b) Blanche Kelly
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In his Blacksmith shop at home
While at work? Yes (Specify type of place)
(e) Means of injury none
23. Signature H. C. Adams (M. D. or other)
Address Mexico, Mo Date signed 12-6-45

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

100034

RECEIVED

District Health Officer No. 10

District File Number 1-46-203

Date Filed JAN 26 1946

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 Emerald R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.