

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
**FILED** FEB 15 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8232**

Registration District No. **342**

Primary Registration District No. **6153**

Registrar's No. **5**

**1. PLACE OF DEATH:**  
 (a) County **Stoddard**  
 (b) City or town **Bell City**  
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Stoddard 103**  
 (c) City or town **Bloomfield, Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **JOEL H. FOSTER**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **July 16, 1877**  
(Month) (Day) (Year)

**8. AGE:** Years **68** Months **6** Days **20** If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Stoddard Co., Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance Salesman**

11. Industry or business \_\_\_\_\_

12. Name **Thomas Foster**

13. Birthplace \_\_\_\_\_ **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Artha Bollinger**

15. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Etta Kennett (Sister)**

(b) Address **Bloomfield, Mo. Rural**

17. (a) **Burial** (b) Date thereof **2-7-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Hill**

18. (a) Signature of funeral director **Chiles Und, Co.**

(b) Address **Bloomfield, Mo.**

19. (a) **March 2/46** (b) **M. R. Thruwe**  
(Date received by registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb.** day **6th**  
 year **1946** hour **4** A. **11** minute \_\_\_\_\_ M.

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.

Immediate cause of death **Organic heart disease** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **95**

Of autopsy \_\_\_\_\_

**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) **neither**

(b) Date of occurrence **Feb. 6, 1946**

(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) (e) Means of injury **3**

23. Signature **C. A. Crane** Coroner  
(M.D. or other)

Address **Dexter, Mo.** Date signed **2/6/46**

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

MOTHER FATHER

312

RECEIVED

District Health Office No. 2,

District File Number 346-392

Date Filed 3/13/46

**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 *J. W. Hooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.