

Registration District No. 137

Primary Registration District No. 5510

Registrar's No. 18

1. PLACE OF DEATH:

(a) County DECATUR  
(b) City or town Deep Water Mo. RIDE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

John M. Foster

3. (b) If veteran, name was No

3. (c) Social Security No. no

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 February 12 - 1865  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name James Palk Foster  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Hannett Russell  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Carlton Foster

(b) Address Deep Water Mo

17. (a) Burial (b) Date thereof 4-1-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Mo.

18. (a) Signature of funeral director Wm. H. H. H.

(b) Address Deep Water Mo

19. (a) 4-1-1946 (b) R. H. H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Decatur  
(c) City or town Deep Water Mo. RIDE  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1946 hour 4 minute AM

21. I hereby certify that I attended the deceased from May 1945 to March 1946

that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 830

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Geo S. H. H. (M. D. or other) Do

Address Clinton Mo Date signed May 30 46

RECEIVED

Health Officer No. 7,

3-46-341

4-9-46

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

*Tom Hunt*

Licensed Embalmer No. 2782

P. O. Address *Deepwater 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.