

S. No. 2
M-543
v. 5-17-39
I X36671

FILED MAR 27 1946
Registration District No. **349**

Primary Registration District No. **4514**

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Green 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 life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan ¹⁶⁵

(c) City or town Green City ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location) ⁰

(e) Citizen of foreign country? no (Yes or No) ⁰
If yes, name country ✓

3. (a) PRINT FULL NAME Arthur J. Foster

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-14-1990

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Ida Mae Foster

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 28 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>3</u>	<u>✓</u> hr. <u>✓</u> min.

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

10. Usual occupation Building Contractor

11. Industry or business Concrete Construction

12. Name James Foster

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Draper

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Foster

(b) Address Green City Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Feb 28 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Green City Cemetery

18. (a) Signature of funeral director Glen E. Kent

(b) Address Green City Mo

19. (a) Feb 28 46 (Date received local registrar) (b) Laura M. Shaw deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 31 1946 to Jan 31 1946 that I last saw him alive on Jan 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy from High Blood Pressure and Coronary

Due to High Blood Pressure and Coronary

Due to Coronary

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g3a

Of autopsy

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

23. Signature M. Huntington (M. D. or other)

Address Green City Mo Date signed 2-2-46

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

MOTHER FATHER

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

RECEIVED

Director Health Officer No. 10

Date Filed 3-46-559

DATE FILED MAR 19 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Shrewsbury, Mass

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.