

Registration District No. **47**

Primary Registration District No. **3008**

1. PLACE OF DEATH:
 (a) County **Callaway**
 (b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
605 Bluff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Callaway** **14**
 (c) City or town **Fulton** **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. **605 Bluff** **2**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Norman C. Foster**

3. (b) If veteran, name war _____ 3. (c) Social Security 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 **Feb. 2, 1977**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	2	17	hr. min.

9. Birthplace **Callaway Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business _____

MOTHER FATHER { 12. Name **James B. Foster**

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

14. Maiden name **Mary F. Whanger**

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

16. (a) Informant **James O. Foster**

(b) Address **605 Bluff**

17. (a) **Burial** (b) Date thereof **4-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest Cem.**

18. (a) Signature of funeral director **Wallace Funeral Home**
Fulton Mo.

(b) Address _____

19. (a) **4-21-1946** (b) *Joice Morsink*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **19**
year **1946** hour **9** minute **0** P.M.

21. I hereby certify that I attended the deceased from **4/19/46**
Same day. 19____, to **Same day.** 19____;
that I last saw him alive on **4/19/46**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac insufficiency.**
Following old chronic rheumatism
Endocarditis. and
~~per~~ **Anemia, simple.**

Due to _____

Other conditions **Malnutrition.**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no operation.**

Of autopsy **No 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?
(Specify type of place)

While at work _____ (a) Means of injury _____

23. Signature *James B. Foster* (M. D. or other) _____
Address **301. E. 3th St.** Date signed **4/20/46**

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

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-7-46

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.