

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. 20259
Registrar's No. 2460

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Kansas Country Club
(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 MATTHEW A. FOSTER

3. (b) If veteran, name war 180 3. (c) Social Security No. 580

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nancy C. Foster 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 12-12-1897
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 1946 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from March 1946 to June 2nd 1946

that I last saw h alive on _____, 19____
and that death occurred on the _____ date and hour stated above.
Immediate cause of death Carcinoma of the
fundus of stomach
on tongue. rt side

Duration _____

Due to _____
Due to _____

Other conditions incontinence
(Include pregnancy within 3 months of death)

Major findings: None 456
Of operations _____
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 68 Months 5 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Mem. R.C.C. Club

11. Industry or business _____

12. Name Francis Foster

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

14. Maiden name Nelie Bailliet

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

16. (a) Informant Mason Foster

(b) Address 4941 Glen Dale

17. (a) Burial (b) Date thereof 6/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McChurl

(b) Address Kansas City Mo.

19. (a) 6-4-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

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 Prof. Reddy (M. D. or other)
Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Mr. Albert [unclear]
Prof. [unclear]

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..... Robert H. Reed

Licensed Embalmer No. 3746

P. O. Address..... IPC. 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.