

V. S. No. 2
00M-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34474

State File No.

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
841 Coates /
(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 Judith Marie Foster

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug 13th 1940
(Month) (Day) (Year)

8. AGE: Years 6 Months 1 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Clinton Foster

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

14. Maiden name Mary Jacoby

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

16. (a) Informant Clinton Foster

(b) Address Moberly

17. (a) Burial (b) Date thereof: Sept 29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahoney and Son

(b) Address Moberly, Mo

19. (a) Sept 29-46 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 841 W Coates
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th
year 1946 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from April
1946, to Sept 27, 1946
that I last saw her alive on Sept 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia Duration 6 mo

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

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 0

23. Signature HC Goyfield (M. D. or other) _____

Address Moberly Date signed 9/29/46

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

74A

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

28
6
3

332525

RECEIVED
District Health Officer No. 10
District File Number 10-46-1815
Date Filed OCT 14 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..... *Frank J. DeWitt*

Licensed Embalmer No. *3021*

P. O. Address *Moberly 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.