S. No. 2
M—2-43
5-17-39
F I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3696

State File No.

Registration District No. 347

Primary Registration District No. 6169

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Flat Creek
(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
In this community Entire Life 84 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town Flat Creek Twp. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Julia Foster

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jim Foster

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased May (Month) 26 (Day) 1863 (Year)

8. AGE: Years 83 Months 7 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Texas (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant George W. Foster
(b) Address Cape Fair

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Cape Fair

18. (a) Signature of funeral director Everett Cheatham
(b) Address Galena Mo

19. (a) Jan 23-47 (Date received local registrar) (b) Lena Murray-Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 47 hour 1-15 minute a M.

21. I hereby certify that I attended the deceased from Jan 10 1947, to Jan 10 1947 that I last saw her alive on Jan 10 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-vascular renal disease	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

31 P

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? (e) Means of injury 0

23. Signature Fred L. Hommack (M. D. or other) M.D.

Address Crane, Mo. Date signed 1-23-47

317

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 242-214
Date Filed FEB 11 1947

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.