

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24177
State File No. _____
Registrar's No. 2898

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. Convalescent Home
(d) Length of stay: In hospital or institution 2 years 11 mo.
In this community 80 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3200 Norledge
(e) Citizen of foreign country? No

3. (a) PRINT MRS. NETTIE FLORENCE FOSTER
FULL NAME

3. (b) If veteran, name war XX No
3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife No Record
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased December 15 1858

8. AGE: Years 88 Months 6 Days 20
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Cummins Monk
13. Birthplace No Record
14. Maiden name Jane Grandstaff
15. Birthplace No Record
Mr. Mattie Foster

16. (a) Informant (b) Address R 3 Parkville, Mo.

17. (a) Burial (b) Date thereof July 8-47
(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.

19. (a) 7-8-47 (b) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5-1947
year hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 14 to July 15, 1947
that I last saw her alive on July 5, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death: Arteriosclerotic heart disease

Due to Arteriosclerosis & Aneurysm

Due to _____

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

Major findings: Of operations _____
Of autopsy No.

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

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(e) Means of injury _____

23. Signature _____ (M.D. or other) _____
Address 1025 North Blvd. K.C. Mo. Date signed 7/7/47

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

MOTHER FATHER

Receipt

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 *Alvin R. Haunschield*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City 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.