S. No. 2
1—8-43
5-17-39
I X37823

7-16-47 [illegible]

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25056

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DeWitt Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 57 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Jerome 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Edward Foster
3. (b) If veteran, name war
3. (c) Social Security No. 500-09-9755
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Jane Foster
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 10 (Month) 23 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	8	14	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name James L. Foster
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)
MOTHER
14. Maiden name Martha Prewett
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs. Jane Foster
(b) Address Jerome, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah
18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Missouri
19. (a) 7/14/47 (Date received local registrar) (b) Thelma C. Buckthorpe (Registrar's signature) 3 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1947 hour 1 minute 37 P.M.
21. I hereby certify that I attended the deceased from July 6, 1947 to July 7, 1947
that I last saw him alive on July 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver - Hypertrophic
Due to Chronic Alcoholism
Due to
Other conditions 124A
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (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 2
23. Signature R O Dewitt (M. D. or other) DO
Address Waynesville, Mo Date signed 7-10-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1947

JUL 25 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 ..... July 7 1947 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Fred O Gillens

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.