No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Felch 37718
State File No.

Registrar's No. 927

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 663 S. Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: 663 S. Jefferson 2
(If outside city or town limits, write "RURAL") 0
(d) Street No.: Springfield,
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Charles A. Foster
3. (b) If veteran, name war: No.
3. (c) Social Security No.

4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Myrtle
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: April 30 (Month) ..... (Day) 1882 (Year)

8. AGE: Years 65. Months 5 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace: Webb City (City, town, or county) Iowa (State or foreign country) 1
10. Usual occupation: Salesman
11. Industry or business: Automobiles
FATHER
12. Name: John Foster
13. Birthplace: Webb City (City, town, or county) Iowa (State or foreign country) 1
MOTHER
14. Maiden name: Moore
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: Mrs. Myrtle Foster
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/30.47 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem.
18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 10-30-47 (Date received local registrar) (b) W.E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 27 year: 1947 hour: 7 minute: 15p. M.

21. I hereby certify that I attended the deceased from 3-1, 1947, to 10-27, 1947 that I last saw h. alive on 10-27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	12 hrs
Due to: Cardio-Renal-Vascular	1 yr
Due to: Obesity	
Other conditions (Include pregnancy within 3 months of death): 9	
Major findings: Of operations: 0	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: 0

23. Signature: [illegible] (M. D. or other) MD
Address: Springfield Mo Date signed: 10-29-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1948

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 James B. Gaughen Registered Apprentice No. 466 working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.