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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1947

Registration District No. 756

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38635

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOHN Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 Hrs. (Specify whether years, months or days)

In this community: 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jasper

(c) City or town: Carl Junction
(If outside city or town limits, write "RURAL")

(d) Street No.: 512 So. Cowgill
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Leola Lodema Foster

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Richard Kernell Foster

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: June (Month) 30 (Day) 1898 (Year)

8. AGE: Years 49 | Months 3 | Days 10 | If less than one day: hr. min.

9. Birthplace: Prosperity, Rural Joplin (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

FATHER
12. Name: John Patrick
13. Birthplace: Duenweg (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Ada Boyd
15. Birthplace: Jasper Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Verzell Foster
(b) Address: Carl Junction, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: ~~Burial~~ Carl Junction Cemetery

18. (a) Signature of funeral director: Jon Toney
(b) Address: Carl Junction, Mo

19. (a) 10-16-47 (Date received local registrar) (b) Dolores Lamphins D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1944 to 10-10 1947 that I last saw her alive on 10-10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the breast & metastases — Duration: 3 yrs

Due to:

Due to:

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

Major findings:
Of operations: 50
Of autopsy:

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:

23. Signature: M. F. Hall (M. D. or other) MD
Address: Joplin Mo Date signed: 10-14-47

(Licensed Embalmer's Statement on Reverse Side)

47-11-910

MAY 21 1957

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 F. M. Jones

Licensed Embalmer No. 2519

P. O. Address Joplin 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.