S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42258

FILED JAN 7 1948

Registration District No. 180 — Primary Registration District No. 4292 — Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County: LINCOLN

(b) City or town: Winfield (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 (Specify whether in this community years, months or days): all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lincoln

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: HARRIET ELLEN (NELLIE) FOSTER

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: 2

6. (b) Name of husband or wife: Chas. B. Foster

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

7. Birth date of deceased: March (Month) 16 (Day) 1871 (Year)

8. AGE: Years 76 Months 9 Days 6 If less than one day ... hr. ... min.

9. Birthplace: Winfield (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

FATHER
12. Name: Wm Alfred Dixon
13. Birthplace: (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name: Sarah Jane Skinner
15. Birthplace: Winfield (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: DEVOID FOSTER

(b) Address: Winfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Winfield Cemetery

18. (a) Signature of funeral director: [signature]

(b) Address: Elsberry, Mo.

19. (a) 12-24-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1947 hour 6 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug. 10, 1946 to Dec 22, 1947 that I last saw her alive on 12-22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis Hemiphlegia

Due to: Arterial Sclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: —

Of autopsy: —

Duration

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: B. C. Neunlist (M. D. ~~or other~~)

Address: Old Monroe Mo Date signed: 12/24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Local Health Officer No. 9,
District File Number
Date Filed 1/6/48

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 Charles Reid

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.