

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43977

FILED DEC 26 1947 47

Registration District No. _____

Primary Registration District No. 6168

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Elsey
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104
(c) City or town Elsey 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Jim L. Foster
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Era Foster 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 26 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Isam Foster 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Tennessee Kerr
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Era Foster
(b) Address Elsey, Missouri

17. (a) Burial (b) Date thereof 11-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crane, Missouri

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri

19. (a) Nov. 19-47 (b) Lena Murray-Dep
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1947 hour 2:30 minute _____ P. A.

21. I hereby certify that I attended the deceased from Aug 15-47
Nov 15 1947 to Nov 15 1947;
that I last saw him alive on Nov 14
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with metastasis
Due to _____

Due to _____

Other conditions _____
(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? 0

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature Fred A. Kennedy (M. D. or other) M.D.
Address Crane, Mo. Date signed 11-15-47

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

RECEIVED

District Health Officer No. 67

District File Number 1247-1294

Date Filed 12-23-47

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.....

Paul D. Henbest....., Registered Apprentice No. 54
working under my personal supervision.

Signed Margaret Culver
Licensed Embalmer No. 4389
P. O. Address Cassville

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.