

FILED APR 12 1948  
Registration District No. 149

Primary Registration District No. 1002

48  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
General Hospital No. 1 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days  
(Specify whether  
 In this community 10 yrs.  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1006 E. 32 Terr. 8  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Luther Foster  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no -  
 4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov-10 1869  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month March day 21  
 year 1948 hour 8 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from March 14, 1948 to March 21, 1948  
 that I last saw him alive on March 21, 1948  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 78 Months 4 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Encephalomalagia - right  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions g3c  
(Include pregnancy within 3 months of death)

9. Birthplace MO - O  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired  
 11. Industry or business Carpenter  
 12. Name Luther Beth Foster  
 13. Birthplace no Record 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Julia Buntly  
 15. Birthplace no Record 9  
(City, town, or county) (State or foreign country)

Major findings: g3c  
 Of operations \_\_\_\_\_  
 Of autopsy See above  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Grace Hawkins  
 (b) Address 1006 E - 32 St Terrace  
 17. (a) Burial (b) Date thereof Mar-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill  
 18. (a) Signature of funeral director Mr. C. K. Gorter  
 (b) Address 918 Brooklyn  
 19. (a) 3-23-48 (b) Theraldine Holman  
(Date received local registrar) (Registrar's signature)

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?  
 While at work? \_\_\_\_\_  
(Specify type of place)  
 (e) Means of injury 0  
 23. Signature Wm W. Hart (M. D. or other) 0  
 Address Med. Dir. Gen'l Hosp. Date signed 3-22-48

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**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..... *Jerry A. Minor* .....

Licensed Embalmer No. *4496* .....

P. O. Address *918 Brooklyn, K.C. 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.**