

FILED MAR 25 1948
Registration District No. *85-7*

Primary Registration District No. *3028*

Registrar's No. *59*

1. PLACE OF DEATH:

(a) County *Jasper*
(b) City or town *Carthage*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *1215 Forest St.*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *1 Year* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Jasper*
(c) City or town *Carthage*
(If outside city or town limits, write "RURAL")
(d) Street No. *1215 Forest*
(If rural, give location)
(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME *Kate Grace KOST*

3. (b) If veteran, name war *No* 3. (c) Social Security No. *No*

4. Sex *Female* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife *Charles Q. Kost* 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased *November 8, 1875*
(Month) (Day) (Year)

8. AGE: Years *71* Months *4* Days *1* If less than one dayhr.min.

9. Birthplace *Lawrence Co., Mo.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business.....

12. Name *Joe B. Woods*

13. Birthplace *Lawrence Co., Mo.*
(City, town, or county) (State or foreign country)

14. Maiden name *Unknown*

15. Birthplace *Unknown*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mr. Charles Kost*

(b) Address *1223 Forest Carthage, Mo.*

17. (a) *Burial* (b) Date thereof *3-11-1948*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Pierce City, Mo.*

18. (a) Signature of funeral director *Ed. C. Ulmer*

(b) Address *Carthage, Mo.*

19. (a) *3-11-1948* (b) *L. B. Clintony*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *March* day *9th.*
year *1948* hour *8:15* minute *A.* M.

21. I hereby certify that I attended the deceased from *29 August 1947* to *March 9 1948*; that I last saw her alive on *Feb. 29 1948*; and that death occurred on the date and hour stated above.

Immediate cause of death *Interosclerotic heart disease with auricular fibrillation*

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

Duration *6-8 mo.*

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*

Signature *Charles J. Shell* (M. D. or other) *MD*

Address *201 W. 3rd, Carthage, Mo.* Date signed *Mar 10, 1948*

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

MOTHER FATHER

Sheet 49
3

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..... *Gene G. Fugh*
Gene. G. Fugh.

Licensed Embalmer No. 4231

P. O. Address..... Carthage, 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.