

No. 2
-12-45
-5-17-39
1 X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9570
Registrar's No. 71

FILED APR 5 1948
Registration District No. 251

Primary Registration District No. 3048

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 weeks
In this community 70 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EFFIE 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, Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 9 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 16 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name John W. Foster

13. Birthplace Ross Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Scott

15. Birthplace Ross Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant William L. Foster

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 3/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri

19. (a) 2-27-48 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 319 East 4th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25
year 1948 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan 20th 1948 to Mar 25th 1948
that I last saw her alive on Mar 25th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, Uremia - Pyelo-nephritis
Due to Fracture left femur
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operations
Of autopsy no autopsy
PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Jan 20-1948
(c) Where did injury occur? Maryville Nodaway Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in house

While at work? yes (Specify type of place) (e) Means of injury fall

23. Signature L. E. Dean (M. D. or other) MD
Address Maryville Mo Date signed 3-26-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John W. Price
Licensed Embalmer No. 4281
P. O. Address Maryville 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.