No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11348

FILED APR 22 1948

Registration District No. ...

Primary Registration District No. 3000

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grimm- Smith
(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 ...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland 99

(c) City or town Wyaconda Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. ... 0
(If rural, give location)

(e) Citizen of foreign country? No ~~(Yes or No)~~ 1

If yes, name country ...

3. (a) PRINT FULL NAME Hattie Belle Foust

3. (b) If veteran, name war ...

3. (c) Social Security No. ...

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Bennie Foust

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. (Month) 14 (Day) 1882 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 6 | 11 | ... hr. ... min. |

9. Birthplace Knox County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business ...

FATHER
12. Name Aquilla Fry 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Allen
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Bennie Foust
(b) Address Wyaconda, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bear Creek

18. (a) Signature of funeral director Guth Beckett
(b) Address Wyaconda, Mo

19. (a) 4-16-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25 year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-19- ..., 1948, to 3-25, 1948; that I last saw her alive on 3-25, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocardial Failure | |
| Due to: Chronic Myocarditis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations ...
Of autopsy ...

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 C R Hudson (M. D. or other)

Address 201 E Patterson Kirksville Mo. Date signed 4-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 4-48-2
APR 20 1948
Date Filed

## 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 Kenneth M. Wilson Registered Apprentice No. 204 working under my personal supervision.

Signed Geo V. Bostick

Licensed Embalmer No. 1817

P. O. Address Wyaconda, M

**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.**