

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12006
Registrar's No.

Registration District No. 99 Primary Registration District No. 4168

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Maysville
(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 10 Years (Specify whether

In this community 10 Years
years, months or days)

3. (a) PRINT FULL NAME GEORGE ANNA FOSTER

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 Widowed

6. (b) Name of husband or wife Joseph Foster 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 7 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Solomon Morris
13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Virgil Foster
(b) Address Maysville Mo.

17. (a) Burial (b) Date thereof 4-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amity Cemetery

18. (a) Signature of funeral director PILCHER FUNERAL HOME

(b) Address MAYSVILLE MISSOURI

19. (a) 4-5-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Maysville
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country U

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from June 1943 to April 3 1948
that I last saw her alive on April 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 5 yrs.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 922

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 _____

23. Signature [Signature] (M. D. or other) D.O.
Address Maysville Mo. Date signed 4-5-48

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.....

C. T. Plicher
C. T. Plicher

Licensed Embalmer No. **3960**

P. O. Address **Maysville 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.