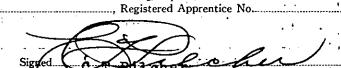
S. No. 2 12-45 	DEPARTMENT OF COMMERCE THE STATE BOARD OF FILED MAY 10 1948	
×47070	Registration District No	ct No
PERMANENT RECORD	1. PLACE OF DEATH:  (a) County	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County (c) City or town  (d) County (d) County (e) City or town limits, write "RURAL")
ENT B	(If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution	(d) Street No(If rural, give location)
MANI	In this community	(c) Citizen of foreign country?
USE UNFADING BLACK INK—MAKE A PER	3. (a) PRINT GEORGE ANNA FOSTER 3. (b) If veteran, name war No	MEDICAL CERTIFICATION  20. DATE OF DEATH: Month April day 3 year 1948 hour 10 minute 30 A M.  21. I hergebycertify that I attended the deceased from
	4. Sex Female  5. Color or race White race White 6. (a) Single, widowed, married, divorced Widowed 6. (b) Name of husband or wife JOSEPH FOSTER  7. Birth date of deceased. December 7 1878	that I lest saw h.C.I. alive on
	(Month) (Dey) (Year)  8. AGE: Years Months Days If less than one day 69 3 26 hrmin.	Due to
SE UNE	9. Birthplace Missouri (City, town, or county) (State or foreign country)  10. Usual occupation Housewife	Other conditions
. WRITE PLAINLY—	11. Industry or business    12. Name   Solomon   Morris     13. Birthplace   Indiana     14. Maiden name   (City, town, or county)     15. Birthplace   (City, town, or county)     16. (a) Informant   Virgil Foster     (b) Address   Maysville   Mo.     17. (a)   Burisl   (b) Date thereof   4-5-48     (Burisl, cremation, or removal)   (Manth) (Day) (Year)	Major findings:  Of operations  Of autopsy  Of autopsy  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?
- -	(Burial, cramation, or removal)  (c) Place: burial or cremation. Amity Cemetery  18. (a) Signature of funeral director LCHER FUNERAL HOME  (b) Address. MAYSVILLE MISSOURI  19. (a) 4548 (Date received local registrar)  (Burial, cramation, or removal)  Amity Cemetery  (Manth) (Day) (Year)	While at work?
	Clicensed Embalmer's Sta	tement on Reverse Side)

## 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.....

working under my personal supervision.



icensed Embalmer No. 3960

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.