

FILED JUL 6 1948 3

Registration District No. _____ Primary Registration District No. 5489

Registrar's No. 44

1. PLACE OF DEATH:

(a) County. Harrison
(b) City or town. Gilman City, Mo Rural
(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 _____ (Specify whether)
In this community 70-10-12 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Harrison
(c) City or town. Gilman City, Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME. JAMES FOSTER

3. (b) If veteran, name war. 7 3. (c) Social Security No. _____

4. Sex. male 5. Color or race. white
6. (a) Single, widowed, married, divorced. widowed
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive. 19 years (Day) (Year)
7. Birth date of deceased. July 19 1917 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 12 If less than one day hr. _____ min. _____

9. Birthplace. Gilman City, Mo Rural (City, town, or county) (State or foreign country)

10. Usual occupation. farmer

11. Industry or business _____

12. Name. Anderson Foster

13. Birthplace. Gilman City, Mo Rural (City, town, or county) (State or foreign country)

14. Maiden name. Sarah Foster

15. Birthplace. Gilman City, Mo Rural (City, town, or county) (State or foreign country)

16. (a) Informant. Estel A. Brown

(b) Address. Gilman City, Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof. May 3 1948 (Month) (Day) (Year)

(c) Place: burial or cremation. Union Cemetery

18. (a) Signature of funeral director. W. D. Gines

(b) Address. Gilman City, Mo.

19. (a) June 12-48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day. 1 year. 1948 hour. 2 PM minute. _____ M.

21. I hereby certify that I attended the deceased from April 28 1948 to May 1 1948 that I last saw him alive on May 4-1948 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage 3 da

Due to _____

Due to _____

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

Major findings: Of operations. 83

Of autopsy _____

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? _____ Means of injury. 2

23. Signature. J. O. Walker (Physician) (M.D. or other)

Address. Gilman City, Mo signed May 17 48

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

FILE MAINLINE USING UNFADING BLACK INK - MAKE A DISTINCTION BETWEEN RECORDS

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 _____

W. D. Haines

Registered Apprentice No. _____

working under my personal supervision.

Signed *W. D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Hilman City 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.