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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural Jasper
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 49

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Fannie C. Foster

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1948 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from Jan 1943
_____ 19____ to July 5 - 1948
that I last saw him alive on July 5 1948 19____
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife James H.

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

7. Birth date of deceased Aug 17 - 1862
(Month) (Day) (Year)

Due to coronary arteriosclerosis
generalized arteriosclerosis

Due to chronic glomerular nephritis

Other conditions diabetes, slight
(include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>10</u>	<u>16</u>	hr. _____ min. _____

Major findings:
Of operations _____

Of autopsy 61

PHYSICIAN _____
Underline the cause of which death should be charged statistically.

9. Birthplace FT. Scott Kans
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Sam Jones

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Verte Archer

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Foster

(b) Address Savage Mo

17. (a) Burial (b) Date thereof 7-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Cem Jackson & Sons

18. (a) Signature of funeral director Savage Mo

(b) Address _____

19. (a) 7-9-48 (b) Blount
(Date received local registrar) (Registrar's signature)

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 2

23. Signature J. E. Helburn (M. D. or other) 10:0

Address Savage Mo Date signed 7/6/48

JAN 15 1957

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcadie W

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.