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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1949

Registration District No. 13

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39290

Primary Registration District No. 5055

Registrar's No. 82

1. PLACE OF DEATH:

(a) County: Barry County

(b) City or town: ~~Rural~~ Capps Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pulaski Field Store 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Barry 5

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

(d) Street No.: Pulaski Field Store 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: JAMES WILLIAM FOSTER

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Minerva Foster

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

7. Birth date of deceased: June (Month) 29 (Day) 1876 (Year)

8. AGE: Years 72 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Billie Foster
13. Birthplace: not known (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name: not known
15. Birthplace: not known (City, town, or county) not known (State or foreign country)

16. (a) Informant: Ralph Foster
(b) Address: Purdy Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery Purdy Mo

18. (a) Signature of funeral director: Wilson Bros
(b) Address: Purdy Mo

19. (a) 12-14-48 (Date received local registrar) (b) W. D. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1948 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from Nov about 30 1948 to Dec 2 1948 that I last saw him alive on Dec 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach & bowels — Duration: Several months

Due to:

Due to:

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

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN: Underline the cause to 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: Leo D. Freeman (M. D. or other)

Address: Purdy Mo Date signed: Dec 14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1248-1415
Date Filed 12-31-48

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~~ Edwin P. Wilbs, Registered Apprentice No. ....., working under my personal supervision.

Signed Edwin P. Wilbs

Licensed Embalmer No. 4131

P. O. Address Grace 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.