

S. No. 3000  
DM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 29 1948  
Registration District No. 149

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40126  
State File No. \_\_\_\_\_  
Registrar's No. 5042

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME Charles M. Foster  
3. (b) If veteran, name war None  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased Nov. 20 1887  
(Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Rufus Foster  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Mc Gan  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K. C. General Hosp. #1

17. (a) Burial (b) Date thereof 12-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 12-11-48 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 E. 8th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10  
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 8, 1948 to Dec. 10, 1948;  
that I last saw him alive on Dec. 10, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Nephritis With Uremia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 131A

Of autopsy None

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? \_\_\_\_\_

Wm. W. Hart (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wm W Hart (M. D. or other) \_\_\_\_\_  
Address Med. Dir. Gen'l Hosp. Date signed 12-10-48

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**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 Blaine E. Weiler

Licensed Embalmer No. 4075

P.O. Address K.C. 8, 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.**