

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 908
Registrar's No. 15

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
759 South Glenstone
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 59 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 37
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 759 South Glenstone
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME George Earl Foster
(b) If veteran, name war None
(c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 10 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 29 hr. min.

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

10. Usual occupation Florist

11. Industry or business _____

MOTHER FATHER
{ 12. Name E W Foster
{ 13. Birthplace New York
(City, town, or county) (State or foreign country),
{ 14. Maiden name Alice Porter
{ 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Flora Straley
(b) Address 759 South Glenstone

17. (a) Burial (b) Date thereof 1-11-49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery Home

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
Springfield, Missouri
(b) Address _____

19. (a) 1-13-49 (b) T. J. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9th
year 1949 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from none except
that I saw him at death 19 49;
that I last saw him alive on Oct - - 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration 2 days

Due to _____
Due to _____

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

Major findings: H2O
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Gene W. Farthing (M. D. number) _____
Address 1161 and 1/2 S. 4th Date signed Jan 12 1949

(Licensed Embalmer's Statement on Reverse Side)

Springfield, 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Jewell E. Kinkle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.