

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

19537

2455

BIRTH NO. 34309-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/> 20 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 2100 E. 33rd				
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HAROLD c. (Last) FOSTER, the 3rd			4. DATE OF DEATH (Month) (Day) (Year) June 5 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 5, 1949	9. AGE (In years last birthday) If under 1 year: Months Days If under 12 mos: Hours Min.	20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William H. Foster, Jr.		13b. MOTHER'S MAIDEN NAME Bobbie Ann Galegor		
14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS William H. Foster, Jr. 2100 E. 33rd						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity + Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH life
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from birth 6-5 1949 at 1:25 AM 19____, that I last saw the deceased alive on June 5, 1949 , and that death occurred at 9 P m., from the causes and on the date stated above.						
23a. SIGNATURE Robert H. Wortmann (Degree or title) Robert H. Wortmann D.M.D.			23b. ADDRESS 510 Professional Bldg.		23c. DATE SIGNED 6-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7, 1949	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 6-6-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILKS FUNERAL HOME 2315 Linwood K. C. Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Robt F. Wortmann
Professional Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Chas E Wilks

Signed _____
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *Hanover 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.