

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH: **Henry**
 (a) County **Clinton**
 (b) City or town **Clinton**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
527 E. Grandriver Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 year** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry**
 (c) City or town **Clinton**
 (If outside city or town limits, write "RURAL")
527 E. Grandriver
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Ida Foster** **236**
 3. (b) If veteran, name war. _____ 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **26**
 year **1940** hour **8:30** minute **A** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Alonzo Foster**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **December 20, 1870**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May**, 19**39**, to **June 26**, 19**40**;
 that I last saw **her** alive on **June 24**, 19**40**;
 and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **6** Days **6** If less than one day
 hr. _____ min.

Immediate cause of death **Carcinoma of uterus**
 Duration **about 1 year**

9. Birthplace **St. Charles, Missouri**
 (City, town, or county) (State or foreign country)

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

10. Usual occupation **housekeeper**

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

11. Industry or business _____
 12. Name **Henry Jennings**
 13. Birthplace **Tenn.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Martha Ball**
 15. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations **None**
 Of autopsy **None**

16. (a) Informant **Mrs. Ada Foster**
 (b) Address **New Franklin, Mo.**

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? **None**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, 6th farm, in industrial place, in public place?
3/2 (Specify type of place)
 While at work? _____ (e) Means of injury _____

17. (a) **Burial** (b) Date thereof **6/28/40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Windsor, Missouri**
 18. (a) Signature of funeral director **Huston-Turner**
 (b) Address **Windsor, Missouri**
 19. (a) **6-29-40** (b) **Dr. J. R. Hampton**
 (Date received local registrar) (Registrar's signature)

23. Signature **S. B. Hughes** (M. D. or other) **Phys.**
 Address **Clinton, Mo.** Date signed **June 28, 1940**

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

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.....

Edith H. Hinton

Licensed Embalmer No.....

3391

P. O. Address.....

Windsor 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.