

FILED JAN 12 1945  
Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 222

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town Deepwater, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 45  
(c) City or town Deepwater, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Clifford Gene Foster

(b) If veteran, name war NO

(c) Social Security No. NO

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased October 16 - 1944  
(Month) (Day) (Year)

8. AGE:

Years \_\_\_\_\_ Months 2 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace

Deepwater Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Claude E. Foster  
13. Birthplace Deepwater Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Magel Ruth Foster  
15. Birthplace Deepwater Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Magel Foster  
(b) Address Deepwater, Mo.

17. (a) Buried (b) Date thereof 12-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepwater, Miss. Cem.

18. (a) Signature of funeral director Jay Street

(b) Address Deepwater, Mo.

19. (a) Dec. 16, 1944 (b) Georgia Richey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15  
year 1944 hour Unknown minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown  
Sp. (Death upon arrival)

Due to Under Nourishment

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) \_\_\_\_\_ 04  
(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 B. C. R. Thomas Jr. (Name or other) 40  
Address Deepwater, Mo. Date signed 12-16-44

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

RECEIVED

District Health Officer No. 7;

District File Number 12-44-1478

Filed 1-31-46

---

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 John J. Seward

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.**