

No. 2  
-2-43  
-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2850

FILED JAN 21 1946

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 5509

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural Deer creek Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
at home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Deer creek Twp.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME CLAUDE JOSEPH FOSTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19  
year..... hour..... minute 4:30 P.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.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Lula A Foster

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 2 21 1871  
(Month) (Day) (Year)

Immediate cause of death Cerebral Embolism  
was dead when I arrived

Due to.....?

Due to.....?

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

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>18</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Thomas B Foster

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Chastain

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

16. (a) Informant Lula A Foster

(b) Address Clinton mo

17. (a) Rural (b) Date thereof 12-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun mo

18. (a) Signature of funeral director Conalus P Beck

(b) Address Clinton mo

19. (a) 12-20-45 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations.....

Of autopsy.....

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 M. Walker (M. D. or other) M.D.  
Address Clinton Mo Date signed 12-19-45

Duration sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100194

100

(Licensed Embalmer's Statement on Reverse Side)

12-45-1362

1-13-46

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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..... *R. P. Kenney* .....

Licensed Embalmer No..... *3099* .....

P. O. Address *Clinton 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.**