

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29583
Registrar's No. 194

Registration District No. 137

Primary Registration District No. 5507

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

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town LADUE, DAVIS TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME IN LADUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
In this community ENTIRE LIFE
years, months or days

3. (a) PRINT FULL NAME ORA FOSTER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW 2
6. (b) Name of husband or wife Orta Foster 6. (c) Age of husband or wife if alive DECEASED
7. Birth date of deceased: FEB. 26 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 20 If less than one day
hr. min.

9. Birthplace: Ladue, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: housekeeping

11. Industry or business

MOTHER FATHER
12. Name: O. Horace Linn
13. Birthplace: unknown
(City, town, or county) (State or foreign country)
14. Maiden name: Martha Jane Buchanan
15. Birthplace: unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: James P. Foster
(b) Address: Ladue, Mo.

17. (a) Burial (b) Date thereof: 9-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Ladue, Cemetery

18. (a) Signature of funeral director: A. V. Baird
(b) Address: Clutson, Mo.

19. (a) 9-17-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from
45 Sept 12 1948
to 8 Sept 8 1948
that I last saw her alive on Sept 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia
Due to: Chronic Cardiac renal disease
Due to: _____

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations: none
Of autopsy: none
131A

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury: none

23. Signature: S. R. Mylon (M. D. or other) M.D.
Address: Clutson, Mo. Date signed: 9/17/48

Duration: 3 hrs.
Physician: _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1108

Date Filed 9-20-48

SEP 23 1948

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 H. J. Gausant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.