

JAN 15 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44815
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001 Registered No. 1420
(c) City St. Joseph (d) Street No. 5317 Swift Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Washington Foster
(a) Residence, No. 5317 Swift Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 10 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Ohio

FATHER 13. NAME John Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unkn: wn

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Robert W. Foster 5317 Swift Ave. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallitan Ho. DATE Dec. 29, 1937

19. FUNERAL DIRECTOR (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED 12/29 1937 J. D. McManis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1937, to Dec 27th, 1937.
viewed

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify B. W. Tadlock Coroner 4, M. D.
(Address) King Hill Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Earl A. Clark, Licensed Embalmer No. 3476

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Dale H. Custer, Registered Apprentice No. 124

working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 3476

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.)