

14

REC'D JUN 20 1938

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

18708
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Miss. Vernon Primary Registration District No. 5439
(c) City Mat. Vernon (d) Street No. Missouri State Van Registered No. 50
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. 5 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rosa Foster
(a) Residence, No. 2230 Kellett Ave Springfield Mo. (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 Female
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 Jess Foster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1904
7. AGE YEARS 33 MONTHS 10 DAYS 3
If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Oct 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo

FATHER
13. NAME Walter Scott Lawrence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER
15. MAIDEN NAME Rosa Susan Bone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Emm. Michale Red Club Missouri State Van

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellview Cem. May 5 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. J. Melles 2230 Kellett Ave Springfield Mo

20. FILED May 4, 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1937 to May 4 1938
I last saw him alive on May 3 1938. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Tuberculosis
Other contributory causes of importance: Empyema
Date of onset Oct 1936

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? ho

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.....

24. Was disease or injury in any way related to occupation of deceased? ho
If so, specify.....
(Signed) Chas. J. Melles, M. D.
(Address) 2230 Kellett Ave Springfield Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by *Wm Max Rhodes*

Registered Apprentice No. *117*, working under my personal supervision.

Signed *J.B. Higgins*

Licensed Embalmer No. *3358*

P. O. Address *Springfield, 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, above space should be left blank.