REC'D SEP 23 1938

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

29221
Do not use this space.

1. PLACE OF DEATH

(a) County: Jasper
(b) Township:
(c) City: Webb City
Registration District No. 417
Primary Registration District No. 3021
Registered No. 66
(d) Street No.: Jane Lawrence Hospital 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 3 yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Pauline Foster

(a) Residence, No. 1326 West Lincoln St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Arthur Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 2, 1914

7. AGE: Years 24 | Months 0 | Days 23 | 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):
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Missouri 0

FATHER
13. NAME: Ed Kennell 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jasper County Mo

MOTHER
15. MAIDEN NAME: Bessie L. Clubb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Purdy Missouri

17. INFORMANT (ADDRESS): Mother Mrs. Bessie Kennell Stratford, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Purdy, Mo. DATE Aug 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hedges Nelson Webb City Mo

20. FILED AUG. 27. 38, 19 [illegible] M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1938, to 8-25, 1938
I last saw h. alive on 8-25, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

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

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? .....
If so, specify .....
(Signed) C. E. Bryan, M.D.
(Address) Webb City, Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 15 1946

RECEIVED
District Health Officer No. 6,
Distr... Number 6-38-111
Date Filed 9-20-38

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, E. W. Hedge, or by .....

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

Signed E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.