

DEC 24 1938

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

32662  
Do not use this space.

1. PLACE OF DEATH

(a) County Barren Registration District No. 502  
(b) Township \_\_\_\_\_ Primary Registration District No. 4305 Registered No. 34  
(c) City Marseline (d) Street No. \_\_\_\_\_ 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emily Jane Foster  
(a) Residence, No. 50 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 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 W B Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1857

7. AGE YEARS 81 MONTHS 4 DAYS 16 IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo

FATHER 13. NAME Eli Morris

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

MOTHER 15. MAIDEN NAME Martha Alred

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

17. INFORMANT (ADDRESS) W B Foster Marseline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Olmest DATE Oct 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jas M Laughlin Marseline Mo

20. FILED 10/2 1938 Olin Barnett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Sept 30 1938  
I first saw him alive on Sept 30 1938. Death is said to have occurred on the date stated above, at 2:00 P.  
The principal cause of death and related causes of importance were as follows:

Chronic Deg. Myocarditis (?)  
12/1  
Other contributory causes of importance: Myocarditis  
Chf Myocarditis

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 Chronic Deg. Myocarditis  
(Signed) M L Dupraeger M. D.  
Marseline Mo (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-38-280

Date Filed 10-12-38

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,

Blanche M. Taughlin

or by

Dale Bunch

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

Signed

Blanche M. Taughlin

Licensed Embalmer No. 1909

P. O. Address

Marceline, 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.