DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40030

Registration District No. 429 Primary Registration District No. 4256 Registrar's No.

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Knob Noster Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 22 [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Johnson
(c) City or town Knob Noster
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Melvin Foster
3. (b) If veteran, name war
3. (c) Social Security No. 492-14-4595
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sallie F Foster
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct - 19 - 1872 (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days [illegible] If less than one day hr. min.

9. Birthplace Johnson Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Nite watch Federal Park
11. Industry or business
FATHER
12. Name Thomas Stanley Foster
13. Birthplace Unknown Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Carroll
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mary J. McGuire
(b) Address Knob Noster Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-7-39 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Noster Mo
18. (a) Signature of funeral director C. L. Sault
(b) Address Knob Noster Mo.
19. (a) Dec 6-39 (Date received local registrar) (b) J. A. Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1939 hour 1 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on Sudden , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature O. L. Bradley (M. D. or other) Coroner
Address Warrensburg Mo Date signed Dec 5, 1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Rev. 5-17-39 I X19511
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.

RECEIVED FILED STATE [illegible]
INDEX CARD RETURNED TO DISTRICT
DATE 12/6/[illegible]

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 Earl Priest, Registered Apprentice No. ____, working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrenburg

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.