

Registration District No. **1497**

Primary Registration District No. **4298**

Registrar's No. **497**

1. PLACE OF DEATH

(a) County **Lincoln**  
(b) City or town **Troy mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2**  
(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) **2 yr 221**

3. (a) PRINT FULL NAME **Charles Sidney Foster**

3. (b) If veteran, name-war \_\_\_\_\_ 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bertha Foster** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **June 18 1893**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>57</b>	<b>0</b>	<b>4</b>	hr. _____ min.

9. Birthplace **Lincoln County Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Policeman**

11. Industry or business \_\_\_\_\_

12. Name **James Foster**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Anna Calloway**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertha Foster**

(b) Address **Troy mo**

17. (a) **Burial** (b) Date thereof **June 24, 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Alexander Bur.**

18. (a) Signature of funeral director **Wayne McRay**  
(b) Address **Troy mo**

19. (a) **6-24-40** (b) **Mrs. Pearl Mueh**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lincoln**  
(c) City or town **Troy mo**  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**  
year **1940** hour **1:00 PM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 1940** to **6-22-1940**  
that I last saw him alive on **6-22-1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Sclerosis**

Due to \_\_\_\_\_

Due to **94%**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? **Yes** (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **JH Harrison** (M. D. or other) \_\_\_\_\_

Address **Troy mo** Date signed **6-24-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 12 1944

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

Signed

*Wayne McBoy*

Licensed Embalmer No.

*3586*

P. O. Address

*Froy 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.