

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town R.C. Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Cent. No. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 years (Specify whether years, months or days)  
 In this community 9 years

3. (a) PRINT FULL NAME Lucy Foster  
 (b) If veteran, name war No  
 (c) Social Security No. No

4. Sex Fe  
 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Wid  
 (b) Name of husband or wife Tillery Foster  
 (c) Age of husband or wife if alive Dead years  
 7. Birth date of deceased 10 2 1882  
 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Wilson D.C.  
 (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business 9

12. Name Woodie Barney

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

14. Maiden name Oelia

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

16. (a) Informant Emma Reed Adams

(b) Address 1009 Paseo-3rd Apt 11

17. (a) Burial (b) Date thereof 8 11 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adams Bros.  
 (b) Address 2000 E. 12th R.C. Mo.

19. (a) July 30, 1940 (b) M.M. Crowe  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town R.C.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1009 Paseo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 Day 27 - Year 40  
 year \_\_\_\_\_ hour \_\_\_\_\_ minute 5 P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema  
Chrom Bronchial Edema  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy Abn

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? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 5

23. Signature Fussell (M. D. or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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

MOTHER FATHER

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**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

*Edw Evans*

Licensed Embalmer No.

*3836*

P. O. Address.....

**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.**