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11-10-37  
5-17-38  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32075

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 797

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2144 N National  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2144 N National  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Linda Foster

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Sec. years  
7. Birth date of deceased April 26 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business In Home

12. Name J. D. Faulkner

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

14. Maiden name Cynthia Perkins

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

16. (a) Informant Earl Foster

(b) Address 2229 N Newton

17. (a) Burial (b) Date thereof Sept 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. W. Klingner

(b) Address Springfield Missouri

19. (a) Sept 30, 1940 (b) W. E. Handley MD  
(Date received local registrar) (Registrar's signature)

(c) Address Springfield Mo Date signed 7/30/40

(d) Signature O. E. Feller (M. D. or other)

(e) Address Springfield Mo Date signed 7/30/40

(f) Address Springfield Mo Date signed 7/30/40

(g) Address Springfield Mo Date signed 7/30/40

(h) Address Springfield Mo Date signed 7/30/40

(i) Address Springfield Mo Date signed 7/30/40

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 1940 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 26, 1940, to Sept 29, 1940  
that I last saw her alive on 9/29/40, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensating Heart Lesion  
Due to Myocarditis, Chronic

Other conditions Senility  
(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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

(g) Signature O. E. Feller (M. D. or other)

(h) Address Springfield Mo Date signed 7/30/40

(i) Address Springfield Mo Date signed 7/30/40

(j) Address Springfield Mo Date signed 7/30/40

(k) Address Springfield Mo Date signed 7/30/40

(l) Address Springfield Mo Date signed 7/30/40

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

MOTHER FATHER

**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 *William J. [unclear]*

Licensed Embalmer No. *4075*

P. O. Address *Springfield*

**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.**

X