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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32256

FILED OCT 10 1940

Registration District No. 409 — Primary Registration District No. 4242 — Registrar's No.

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: [redacted] (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [redacted]
(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)
In this community: 40 YRS

2. USUAL RESIDENCE OF DEACEASED:
(a) State: MISSOURI (b) County: JASPER
(c) City or town: DOENEWEG MO. (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: NEIL FOSTER
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: MALE
5. Color or race: W
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: APR. (Month) 29 (Day) 1863 (Year)
8. AGE: Years 77 Months 4 Days 17 If less than one day ____ hr. ____ min.
9. Birthplace: PIKE CO (City, town, or county) MO (State or foreign country)
10. Usual occupation: ENGINEER
11. Industry or business: LEAD MINES
MOTHER FATHER
12. Name: NO RECORD
13. Birthplace: NO Record (City, town, or county) (State or foreign country)
14. Maiden name: NO RECORD
15. Birthplace: NO RECORD (City, town, or county) (State or foreign country)
16. (a) Informant: Terrel Foster
(b) Address: 1810 N. 1st Vincennes, Ind
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 9/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation: FORREST PARK
18. (a) Signature of funeral director: HURLBUT UND CO.
(b) Address: JOPLIN MISSOURI
19. (a) 9-19-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1940 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from ____, 19__; that I last saw him alive on September 16, 1940; and that death occurred on the date and hour stated above.

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

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: A. A. Winchester (M.D. or other) Coroner
Address: Joplin, Mo. Date signed 9-16-40

(Licensed Embalmer's Statement on Reverse Side)

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: Perry H. Hartbeck

Licensed Embalmer No. 959

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.