DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32618

FILED SEP 2 1940

Registration District No. 582 Primary Registration District No. 5779 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town ~~Paris, Mo.~~ Rural - Jackson Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monroe

(c) City or town Paris, Mo. Rural

(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 Russell Foster Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Black

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 2 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Paris, Mo. (City, town, or county) U (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Russell Foster
13. Birthplace Holliday, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Pearl Heathman
15. Birthplace Madison, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Russell Foster Jr.

(b) Address Paris, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, '40 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Sunnway~~ (Col)

18. (a) Signature of funeral director [illegible]

(b) Address Madison, Mo.

19. (a) ~~[illegible]~~ (Date received local registrar) (b) [illegible] (Registrar's signature) R. L.

Sept 18-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1940 hour minute 12.30 A.M.

21. I hereby certify that I attended the deceased from Sept 3, 1940 to Sept 4, 1940 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cause unknown Two Day old Baby

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 20 A 12

Major findings:
Of operations

Of autopsy

Duration

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? 910 (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 9/3/40

(Licensed Embalmer's Statement on Reverse Side)

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
District Health Officer No. 10
District File Number 10-40-1907
Date Filed OCT 9 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.