

No. 2
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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1047

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Childrens Mercy Hospital
(d) Length of stay: In hospital or institution 0
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BARRY 5
(c) City or town CASSVILLE, Mo. (RURAL)
(d) Street No. 1
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Ruby Charlene Foster

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan day 1 year 1946 hour 8 minute 10 M.

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

21. I hereby certify that I attended the deceased from Jan 1 1946 to Jan 1 1946 that I last saw her alive on Jan 1 1946 and that death occurred on the date and hour stated above.

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

Immediate cause of death Pr. Bulatent Bronchopneumonia

7. Birth date of deceased June 22 1939
(Month) (Day) (Year)

Due to _____
Due to _____

8. AGE: Years 1 Months 6 Days 10 If less than one day hr. min.

Other conditions 101
(Include pregnancy within 3 months of death)

9. Birthplace CASSVILLE Mo. D
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy same

10. Usual occupation NONE

11. Industry or business _____

12. Name CHARLES FOSTER

13. Birthplace ARK. 1
(City, town, or county) (State or foreign country)

14. Maiden name JESSIE WALLACE

15. Birthplace BERRYVILLE ARK. 1
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES R. WALLACE
(b) Address CASSVILLE, MO. RFD.

17. (a) Burial (b) Date thereof JAN. 3 1941
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation HORNER CEM. HOKINE-CULVER

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 _____

23. Signature W.S. [unclear] (M. D. or other) _____
Address 1316 Prof. [unclear] Date signed Jan 1 1946

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

MOTHER FATHER

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

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 J. C. Canada
Licensed Embalmer No. 4196
P. O. Address Cassville, 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, fact should be so stated above.