

DEPARTMENT OF COMMERCE **FILED MAY 19 1941** MISSOURI STATE BOARD OF HEALTH
 BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH** ✓

State File No. 14784
 Registrar's No. 119

Registration District No. 398 Primary Registration District No. 5554

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Attherton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
No near 1 mi. n.w. Attherton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Platte City
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JAMES L. FOSTER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex male **5. Color or** white
6. (a) Single, widowed, married, married
6. (b) Name of husband or wife Pettie F. Foster
6. (c) Age of husband or wife if 85
7. Birth date of deceased July 28 1856
 (Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 28
 If less than one day _____ hr. _____ min.

9. Birthplace Andrew County, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business Farmer

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 Pettie F. Foster
(b) Address Tracy, Mo
17. (a) Removal removal **(b) Date thereof** 4/30/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Platte City, Mo.

18. (a) Signature of funeral director George C. Brown
(b) Address Independence, Mo.
19. (a) Date received local registration Apr. 29, 1941 **(b) Registrar's signature** F. L. Cook

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 Day 26 Year 41
 year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Death by Drowning
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
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 about 4/26/41
(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? 3/1/0
 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
23. Signature Russell (M. D. or other) 3
Address KCM **Date signed** _____

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

18
0
0

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 with the above constitutes grounds for revocation of license.)

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

Registration District No. 398

Primary Registration District No. 3554

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue T. P.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James L. Foster

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26
year 1941 hour _____ minute _____ M.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 28 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 84 Months 8 Days 28
If less than one day _____ hr _____ min.

Due to _____

Due to _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 21 '41 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Russell W. Kern (or other)

Address R. C. Mo Date signed _____

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

SUPPLEMENTARY

