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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25451

State File No. 25451

on District No. 471 Primary Registration District No. 0634 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Rural Pierce Twp
(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 years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED: Lawrence 055
(a) State Missouri (b) County ~~Barry~~
(c) City or town Rural Pierce
(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 Buchanan Foster
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male D
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Matilda Foster
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased December 12, 1856 (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Lawrence County, Missouri, D (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Jeremiah Foster
13. Birthplace S. Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Schooling
15. Birthplace Lawrence Co., Missouri, D (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. E. Anderson,
(b) Address R. F. D. #1, Monett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery
18. (a) Signature of funeral director Callaway
(b) Address Monett Mo
19. (a) 7-17-41 (Date received local registrar) (b) E B Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1941 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 16, 1941, to July 6, 1941; that I last saw him alive on July 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: toxemia	
Due to: Carcinoma of lip +	3 yrs
Due to: neck	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Howard Pahlader (M. D. or other) D.O.
Address Freistatt Missouri Date signed 7-16-41

422 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1363
AUG 1 1 1941
Date Filed

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 J. W. Buchanan, Registered Apprentice No. ..... working under my personal supervision.

Signed J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.

S. No. 2B
M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25451

Registration District No. 471 Primary Registration District No. 534 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Rural Prince
(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 years, months or days)

In this community

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 B. Foster

3. (b) If veteran, name war

3. (c) Social Security No.

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 (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 25 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ~~[illegible]~~ lip and sub lingual glands ~~[illegible]~~ of neck

Duration

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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

554

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

Frenchy, Mo

plq

S-25451