

FILLED OCT 16 1941

Registration District No. **828**

Primary Registration District No. **6040**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Shelby
(b) City or town: Rural - Jackson Town
(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: 70 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME: Rachel Rebecca Foster

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

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

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

7. Birth date of deceased: Feb. 24 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace: Westmoreland County Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: William Howell

13. Birthplace: Unknown of Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown of Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Guy H Snider

(b) Address: 2 Alkern Ave

17. (a) Burial (b) Date thereof: July 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Shelby, Mo

18. (a) Signature of funeral director: E. Hayes

(b) Address: Shelby, Mo.

19. (a) Shelby 41 (b) W. H. Anderson
(Data recorded local registrar) (Name of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby
(c) City or town: Shelby Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 4 1941 to July 22 1941.
that I last saw alive on July 22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Atherosclerosis

Due to: _____
Due to: _____
Other conditions: H/O
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None
Of operations: _____
Of autopsy: _____
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): NO
(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: 0

23. Signature: J. H. Thompson (M. D. or other)
Address: Shelby, Mo. Date signed: 8/14/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-4-1813

Date Filed OCT 11 1941

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

Me

....., Registered Apprentice No.

..... working under my personal supervision.

Signed

E. Hayes

Licensed Embalmer No.

1437

P. O. Address

Shelbina, 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.