No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41416

Primary Registration District No. 1001

Registrar's No. 1234

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ambulance-enroute-to Hospital
(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 About 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 916 Isadore
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME George Foster

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased ? (Month) — ? (Day) Unknown (Year)

8. AGE: Years About 66 | Months ? | Days ? | If less than one day ..... hr. ..... min.

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

10. Usual occupation Common Laborer

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace " " " (City, town, or county) G (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " " " (City, town, or county) G (State or foreign country)

16. (a) Informant Georgia Hill
(b) Address 216 Isadore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.

18. (a) Signature of funeral director Graves Fun. Home
(b) Address 406 S. 17th St.

19. (a) Dec 30, 1941 (Date received local registrar) (b) [signature] (Registrar's signature) L.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29 year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-13, 1941, to 12-29, 1941, that I last saw him alive on 12-11-, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pneumonia — Lobar

Due to Hypertensive Heart Disease

Due to Fracture of Rt Femur Intracapsular —

Other conditions (Include pregnancy within 3 months of death) ..... Duration 4

Major findings:
Of operations ..... MOC
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) Accident
(b) Date of occurrence 11-13-41
(c) Where did injury occur? St Joseph Buchanan Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? RR Box Car - Switching not going for (Specify type of place)
While at work? Car Wheel Rt Leg Means of injury Wheel Pinched off of car

23. Signature [signature] (M. D. or other) MD
Address St Joseph Mo Date signed 12-30-41

85

(Licensed Embalmer's Statement on Reverse Side)

Not - Embalmed

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 wit the above constitutes grounds for revocation of license.)

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