

FILED JUN 18 1942

Registration District No. 1001

Primary Registration District No. 1001

Registrar's No. 471

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

1. PLACE OF DEATH

(a) County Dryden

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 mos
(Specify whether years, months or days)

In this community 11 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1302 E. 36th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRED J. FOSTER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Margaret Foster

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased (Month) (Day) (Year)

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

66 66 2 25 1 hr. 40 min.

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

10. Usual occupation Clerk

11. Industry or business Kansas City City Board

12. Name Unknown

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

14. Maiden name Joseph Thomas

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

16. (a) Informant Miss Fred Foster

(b) Address 1302 E 36th KC Mo.

17. (a) Removal (b) Date thereof May 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stony Lake, Iowa

18. (a) Signature of funeral director E. R. Sidenfaden F. H.

(b) Address 602 South 10th Street

19. (a) 5-9-42 (b) Rose Herzog
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
 year 1942 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 5-8- 1942 to 5-9- 1942
 that I last saw him alive on 5-8- 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 9 years

Due to arteriosclerotic heart disease

Due to Multiple Coronaries 3 wks.

Other conditions Multiple Coronaries
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy _____

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 FD

23. Signature David Edward (M. D. or other) MD

Address St. Joseph Mo Date signed 5-9-42

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

Mollie E. Sidenfaden

Licensed Embalmer No.

H235

P. O. Address

St. Joseph, 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.