No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17855

Registration District No. 249 Primary Registration District No. 5347 Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Washington 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
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Daviess 31
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Twp
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME J. B. Foster
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Etta Foster
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July (Month) 31 (Day) 1868 (Year)

8. AGE: Years 73 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Daviess Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business Farmer
FATHER
12. Name Albert Foster
13. Birthplace (City, town, or county) Ind. 1 (State or foreign country)
MOTHER
14. Maiden name Isabell Merrifield
15. Birthplace (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Mrs Etta Foster
(b) Address Coffey Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Coffey
18. (a) Signature of funeral director G. E. Gromer
(b) Address Pattonsburg Mo
19. (a) 5-19-42 (Date received local registrar) (b) R. O. Richesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1942 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from May 1, 1942, to May 19, 1942
that I last saw him alive on May 19th, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Stenosis	20 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 a

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 T. S. Baumgartner (M. D. or other) [illegible]
Address Coffey Mo Date signed 5/14/42

1084 (Licensed Embalmer's Statement on Reverse Side)

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 G. L. Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.