S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23380

State File No. 2761

FILED AUG 1 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2761

48
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2319 E 128 st (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 10 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 2319 E 28 st (If rural, give location) 8

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary M. Foster

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F-M 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widow

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

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

7. Birth date of deceased June (Month) 7 (Day) 1867 (Year)

8. AGE: Years 75 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Retired Housewife

FATHER
12. Name Benjamin Hutchings
13. Birthplace W. Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Baty
15. Birthplace Oak Grove Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thomas Russell

(b) Address 2319 E. 28th st K.C. Mo

17. (a) ~~Oak Grove Mo~~ Burial (Burial, cremation, or removal) (b) Date thereof 7-21-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Mrs G B Wilt. Son

(b) Address Oak Grove Mo

19. (a) 7-20-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1942 hour 10:00 P.M. minute M.

21. I hereby certify that I attended the deceased from , 19 , to 7-18-42 , 19 that I last saw her alive on 7-16-42 , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Diverticulum of the second portion of the duodenum with myocardial failure

Due to 123.3

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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 Mary R. Thom (M. D. or other)

Address 1010 Professional Bldg Date signed 7-20-42

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(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 R B Wood

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.