

FILED SEP 12 1942

State File No. _____

Registration District No. 197

Primary Registration District No. 5606

Registrar's No. 42

51
 0
 0

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Harat-Route # 5
 (c) Name of hospital or institution: Not Hospitalized!
 (d) Length of stay: In hospital or institution 9 months
 In this community 9 months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Rural Route # 5
 (d) Street No. 13 miles n.w.
 (e) Citizen of foreign country? no
 If yes, name country ✓

3. (a) PRINT FULL NAME BESSIE ELEANOR FOSTER

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

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

6. (b) Name of husband or wife Lawrence E Foster 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased October 10 1894

8. AGE: Years 47 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Allen, Nebraska

10. Usual occupation Housewife

11. Industry or business at home

12. Name Bess Bales

13. Birthplace unknown Pennsylvania

14. Maiden name Hannie Wright

15. Birthplace unknown Pa

16. (a) Informant Lawrence E Foster

(b) Address Route # 5 Holden Mo.

17. (a) Burial (b) Date thereof 8-14-42

(c) Place: burial or cremation Mount Rose Cemetery

18. (a) Signature of funeral director Canada's Rapp

(b) Address Holden Missouri

19. (a) Aug 17 42 (b) Frank Marren

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 11 year 1942 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from June 7 1942 to August 11 1942 that I last saw her alive on August 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism

Other conditions Menopausal Syndrome

Major findings: Of operations 43 Of autopsy _____

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? _____ (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 Kelly Rowles (M. D. or other) 8/14/42 Address Holden Mo Date signed

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

