

FILED NOV 9 1942
749

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3997

1. PLACE OF DEATH: Jackson
 (a) County.....
 (b) City or town..... Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether
 In this community 1 1/2 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Jackson
 (a) State..... (b) County.....
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 703 East 12th St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mabel Foster
 3. (b) If veteran, name war..... no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 27th
 year 1942 hour 12 minute 05 A.M.

4. Sex Female
 5. Color or race W.
 6. (a) Single, widowed, married divorced Married
 6. (b) Name of husband or wife Noah R. Foster
 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased not known
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-26-42, 19..... to 10-27-42, 19.....
 that I last saw her alive on 10-27-42, 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death: LOBAR PNEUMONIA
 Duration
 Due to 108
 Due to
 Other conditions (Include pregnancy within 3 months of death)

8. AGE: 35 Years Months Days If less than one day hr. min.
 9. Birthplace Kansas City, Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation at home

Major findings: Of operations.....
 Of autopsy See above
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business
 12. Name Not known
 13. Birthplace Not known
 (City, town or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known
 (City, town, or county) (State or foreign country)
 16. (a) Informant Noah R. Foster
 (b) Address Margaret Hotel, 1212 E. 12th St.
 17. (a) Date of death 10-29-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Hope N.C.
 18. (a) Signature of funeral director [Signature]
 (b) Address Hanson Bldg Kansas
 19. (a) 10-29-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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?
 While at work? (Specify type of place)
 (e) Means of injury
 23. Signature Druey R. Shaw
 Med. Dir. K.C. Gen. Hospital (M. D. or other)
 Address Date signed

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

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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

George M. Malloy
.....
Licensed Embalmer No. *9998*
P. O. Address *Kansas City, Kansas*

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.