S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

39685

State File No.

Registrar's No. 4700

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: St. Joseph Hospt. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 ~~5~~ Days (Specify whether
In this community ~~5~~ 4 Days
years, months or days)

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. 15 Warner Plaza
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3
8

3. (a) PRINT FULL NAME Wm. Robt. Foster

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex male

5. Color or race wh.

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

6. (b) Name of husband or wife XXXXX

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

7. Birth date of deceased Dec. (Month) 11 (Day) 1942 (Year)

8. AGE: Years 0 Months Days ~~5~~ 4 If less than one day hr. min.

9. Birthplace St. Joseph Hospt. K.C.Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Milo Perry Foster
13. Birthplace Salina (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Bernice Agent
15. Birthplace Sapulpa (City, town, or county) Okla. (State or foreign country) 1

16. (a) Informant Mrs. Orpha Belle Foster
(b) Address 15 Warner Plaza

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. (Month) 16-42 (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 12-16-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 12, 1942, to Dec 15, 1942
that I last saw him alive on Dec. 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Birth Trauma — Tentorial Tear 1600	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy above	

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 Charles J Eldridge MD (M. D. or other)
Address 6247 Brookside Blvd Date signed 12-15-42

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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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.