No. 2
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5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6595

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 60

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Rural Preston Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: One & one half mile/east of Jasper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether years, months or days)
In this community: Thirty years

2. USUAL RESIDENCE OF DECEASED: 49
(a) State: Missouri (b) County: Jasper 0
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: One & one half mile east Jasper
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Avery Angebine Foster
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Maggie Keith Foster
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: Mar. (Month) 23 (Day) 1860 (Year)
8. AGE: Years 82 Months 11 Days 4 If less than one day: hr. min.
9. Birthplace: Unknown (City, town, or county) Ill (State or foreign country) 1
10. Usual occupation: Farmer
11. Industry or business: Retired Farmer
FATHER 12. Name: Elisia Foster
FATHER 13. Birthplace: Unknown (City, town, or county) Ill (State or foreign country) 1
MOTHER 14. Maiden name: Mary Farris
MOTHER 15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: Raymond Foster
(b) Address: Azusa Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 1-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Jackson Cem.
18. (a) Signature of funeral director: Chas. J. Teeter
(b) Address: Jasper Mo.
19. (a) Mch. 1'43 (Date received local registrar) (b) Elizabeth Coughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1943 hour 9 minute 2-P-M.
21. I hereby certify that I attended the deceased from 1-1-42 to 2-27-1943 and that I last saw him alive on 2-27-1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage (Paralysis)
Due to: Cerebral Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): 830
Major findings: Of operations
Of autopsy

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: W. H. Knott M.D. (M. D. or other) M.D.
Address: Jasper, Mo. Date signed 2-28-43

(Licensed Embalmer's Statement on Reverse Side)

#3-2-141

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 Phas. J. Tuter

Licensed Embalmer No. 2366

P. O. Address Jasper Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.