

FILED OCT 6 1943

Registration District No. 7

Primary Registration District No. 3008

Registrar's No. 312

14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 1 2
(If outside city or town limits write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 18 yrs 3m 15d
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza Foster

3. (b) If veteran, name war D.K.

3. (c) Social Security No. D.K.

4. Sex F

5. Color or race Black

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

6. (b) Name of husband or wife D.K.

6. (c) Age of husband or wife if alive 1892 years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 hr. min.

9. Birthplace Blakesville Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name D.K.

13. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Deed

(b) Address

17. (a) Burial (b) Date thereof Sept 24 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Grounds

18. (a) Signature of funeral director Ed Thomas

(b) Address 302 Market St. Fulton Mo

19. (a) 9-24-1943 (b) Joan Morawickoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 14

(c) City or town Liberton 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. (If rural, give location)

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1943 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from 9/11 1943 to 9/21 1943
that I last saw h. alive on 9/21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancerous uterus

Due to Cause Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? (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) (c) Means of injury

23. Signature George H. Reus (M. D. or other) Mo
Address Fulton Mo Date signed 9/23/43

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.