

FILED MAR 10 1945

Registration District No. 348

Primary Registration District No. 4511 6174

Registrar's No. 65

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town Harris-Mo Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: -1 Day Surg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Sullivan  
(c) City or town Harris Mo Rural 103  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wesley Everet Foster  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 15 year 1945 hour 3 minute 10 P. M.

4. Sex Male ( ) 5. Color or race Wh  
6. (a) Single, widowed, married, divorced m  
7. Birth date of deceased: July 21 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1945 to Feb 15 1945 that I last saw him alive on 2-15-45 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 6 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Pulmonary Tuberculosis Duration 20 yrs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace: Sullivan Co Mo (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: 1st  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name \_\_\_\_\_  
13. Birthplace John Frank Foster Mo (City, town, or county) (State or foreign country)  
14. Maiden name Mary Adeline Hays  
15. Birthplace Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Josie V. Foster

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

(b) Address Harris, Mo Rural

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 2-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Hallbrook Cem

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Robertson Son

23. Signature Wise M. D. or other \_\_\_\_\_  
Address Harris, Mo Date signed 2/16/45

(b) Address Galt Mo

19. (a) Feb. 21-45 (b) Brita Caldwell  
(Date received local registrar) (Registrar's signature)

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

**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 PK Payne Jr  
Licensed Embalmer No. 3400  
P. O. Address Galt

**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.**