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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12152

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1523

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: 7215 WASHINGTON 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 32 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 7
(If outside city or town limits, write "RURAL")
(d) Street No. 7215 WASHINGTON 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MR GEORGE WASHINGTON FOSTER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife ANNA FOSTER.
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased OCT (Month) 9 (Day) 1861 (Year)

8. AGE: Years 83 Months 5 Days 24 If less than one day ___ hr. ___ min.

9. Birthplace ROCKY MOUNT (City, town, or county) VIRGINIA (State or foreign country)
10. Usual occupation RETIRED FOREMAN
11. Industry or business MAINTAINANCE, WABASH RR
FATHER
12. Name GEORGE FOSTER
13. Birthplace ROANOKE (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name PARTHA J. WINFRY
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country)
16. (a) Informant Mrs W. D. Lonjers
(b) Address 7215 Washington KC Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR-6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation DEWITT MISSOURI
18. (a) Signature of funeral director O. A. Newsomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 4-5-45 (Date received local registrar) (b) G. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3RD year 1945 hour 6 minute 29P M.
21. I hereby certify that I attended the deceased from October, 1944, to April 3, 1945; that I last saw him alive on 6:29 PM April 3rd, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Chronic Myocarditis	
Due to Arterial Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 d.	
Of autopsy	

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 R. Kienberger (M. D. or other) MD
Address St Joseph Hospital Date signed 4-4-45

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph Hospital

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

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.