. S. No. 2
DM—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23819

FILED AUG 2 1945

Registration District No. 80 Primary Registration District No. 3-0-1-7-5309 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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 All of life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ———

3. (a) PRINT FULL NAME Richard Wayne Foster
3. (b) If veteran, name war ———
3. (c) Social Security No. ———
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July (Month) 16 (Day) 1943 (Year)
8. AGE: Years 2 Months Days 11 If less than one day ____ hr. ____ min.
9. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation ——— infant
11. Industry or business ———
MOTHER FATHER
12. Name LeRoy Foster
13. Birthplace Moniteau County, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mabel Fletcher
15. Birthplace Morgan County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mr. LeRoy Foster.
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 "/45 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery
18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.
19. (a) July-28-45 (Date received local registrar) (b) Dr. Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1945 hour 5 minute 30 p. M.
21. I hereby certify that I attended the deceased from Juen Sam, 19 to Above, 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation from falling in pit of out door toilet — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
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) accident
(b) Date of occurrence July 27 1945
(c) Where did injury occur? Moniteau County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)
While at work? No (e) Means of injury Suffocation
23. Signature James R. Smith Coroner (M.D. or other)
Address 413-7th St Boonville Date signed July 27. 1945

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-1-45

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 J H Goodman
Licensed Embalmer No. 1178
P. O. Address Bonville, 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.