

**FILED DEC 3 1945**  
Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **47**  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2001 N. Florida  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fletcher M. Foster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 491-01-403

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Beulah Foster 6. (c) Age of husband or wife if alive 1885 years  
7. Birth date of deceased: June 5  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Willard Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business: Joplin Seed Company

MOTHER FATHER { 12. Name: Frank Foster  
13. Birthplace: Springfield Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name: Margaret (Unknown)  
15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Beulah Foster

(b) Address: 2001 N Florida, Joplin, Mo

17. (a) Burial (b) Date thereof: 10-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Seneca, Missouri

18. (a) Signature of funeral director: PARKER-HUNSAKER

(b) Address: 1502 Joplin Joplin, Mo

19. (a) 10-30-45 (b) Ed Jenner  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24  
year 1945 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
did not attend  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage due to congestion  
Due to slipped down behind a car and was hit by another car  
Other conditions: long time of car  
(Include incapacity within 3 months of death)

Duration

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED BY PHYSICIAN  
1702 - 10/24/45  
death on the upper neck  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be assigned statelally.

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? Joplin Jasper Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Main St Joplin (Specify type of place)  
While at work? no (a) (b) Means of injury car

23. Signature: A. W. Burkhalter (M. D. or other) \_\_\_\_\_  
Address: 2114 Joplin Date signed: 10/27/45

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

45-11-8823

JUN 18 1945

APR 5 1945

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Fletcher M. Foster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 5  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(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 Oct Year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage in Brain Tissues.

Due to Concussion

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence Oct 19 - 1945

(c) Where did injury occur? Joplin, Jasper, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Stepped from behind car, struck by another car

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

23. Signature W. H. Bennett (M. D. or other) DO.

Address 2114 Joplin St., Joplin, Mo Date signed \_\_\_\_\_

SUPPLEMENTAL

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

APR 5 1946

37555