

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE ... THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JAN 9 1946**  
**STANDARD CERTIFICATE OF DEATH**

State File No. **40097**  
Registrar's No. **5195**

Registration District No. **149** Primary Registration District No. **1002**

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

**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:  
1402 Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 16 yrs 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. 1402 Grand **8**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Pearl M. Foster  
**3. (b) If veteran,** name war no **3. (c) Social Security** No. NO  
**4. Sex** Femal **5. Color or** race White **6. (a) Single, widowed, married,** divorced Married  
**6. (b) Name of husband or wife** Cleophus Foster **6. (c) Age of husband or wife if** alive 64 years  
**7. Birth date of deceased** Sept 18 1882  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>29</u>	hr. min.

**9. Birthplace** Missouri (City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife  
**11. Industry or business** \_\_\_\_\_  
**MOTHER, FATHER**  
{ **12. Name** Andrew Mc Elhiney  
**13. Birthplace** Ohio (City, town, or county) (State or foreign country)  
{ **14. Maiden name** Louise Husbotten  
**15. Birthplace** Ill (City, town, or county) (State or foreign country)  
**16. (a) Informant** Cleophus Foster  
(b) Address 1402 Grand  
**17. (a) Removal** (b) Date thereof Dec 19 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mexico Missouri  
**18. (a) Signature of funeral director** Mrs C. L. Forster  
(b) Address 918 Brooklyn  
**19. (a) 12-18-45** (b) Steraldine Holmer  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 12 day 17  
year 1945 hour 6:15 minute a M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary atherosclerosis  
Due to Branchio-pneumonia  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) **94a**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy see present history & registration

**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) (e) Means of injury Train  
**23. Signature** J. J. ... (M. D. or other) \_\_\_\_\_  
Address 1424 Prof ... Date signed 12-17-45

Duration \_\_\_\_\_  
**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.....

*JOE B Yoder*

Licensed Embalmer No. *4173*

P. O. Address..... *918 Brooklyn*

*KC. 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.**