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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6488

State File No.

Registration District No. 210 Primary Registration District No. 4022 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton, Mo.
(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 years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mercer 65 1
(c) City or town Princeton
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Dewright 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 ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan 4, 1946 (Month) (Day) (Year)
8. AGE: Years | Months 1 | Days 7 | If less than one day ___ hr. ___ min.
9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER 12. Name Clifton Foster
FATHER 13. Birthplace (City, town, or county) Ala 1 (State or foreign country)
MOTHER 14. Maiden name Mae A Bauman
MOTHER 15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mae A Bauman
(b) Address Princeton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Princeton
18. (a) Signature of funeral director Noel Moss
(b) Address Princeton, Mo.
19. (a) 2-15-46 (Date received local registrar) (b) Tom Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from January 4 1946 to Feb 9 1946 that I last saw him alive on Feb. 2 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	2 days
Due to:	
Due to:	
Other conditions: Malnutrition (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)
(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 Byron L Aytell (M. D. or other) D.O.
Address Princeton, Mo. Date signed 2-11-46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Earl Most

Licensed Embalmer No. 2634

P. O. Address Princeton 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.