

No. 2  
5-43  
5-17-39  
X36674

Registration District No. **1502** Primary Registration District No. **1502**

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:  
**Brookside Hotel, 54th & Brookside**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **64 Years** (Specify whether years, months or days)

In this community **64 Years**

3. (a) PRINT FULL NAME **HAL FOSTER, M. D.**

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 **Married**

6. (b) Name of husband or wife **Mrs. Myrtle Foster**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **July 7th 1858**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**< 87 - 10 - 14** hr. min.

9. Birthplace **Foster Alabama**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Physician**

11. Industry or business

12. Name **James Collier Foster**

13. Birthplace **Abbeville South Carolina**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jean Elizabeth Ware**

15. Birthplace **Wetumka Alabama**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Foster**

(b) Address **Brookside Hotel**

17. (a) **Burial** (b) Date thereof **5 - 23 - 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd Street**

19. (a) **5-22-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Brookside Hotel, 54th & Brookside**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21st.**  
year **1946** hour **6** minute **07** A.M.

21. I hereby certify that I attended the deceased from **Jan 1 1946** to **May 21 1946**  
that I last saw him alive on **May 19 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiovascular disease (arteriosclerosis)**

Due to **Cardiovascular disease**

Due to **Senility**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **131a**

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? \_\_\_\_\_

23. Signature **Geraldine Holmes** (M. D. or other) \_\_\_\_\_  
Address **1532 Perry Rd** Date signed **5/21/46**

DEC 9 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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.