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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JUL 1 1946

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1032 S. Fort
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME NAOMI PEARL FOSTER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1946 hour 7 minute 30 P.M.

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: January 12, 1934
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-7 1946, to 6-8 1946; that I last saw her alive on 6-8 1946; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>12</u>	<u>4</u>	<u>26</u>	hr. min.

Immediate cause of death: Uremia

Due to: Acute nephritis

Duration: 5 or 6 days

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

10. Usual occupation: Student

Due to:

Other conditions: 120
(Include pregnancy within 3 months of death)

11. Industry or business:

MOTHER FATHER { 12. Name: Fred Foster

13. Birthplace: Bloodland, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: (unk.) Gaddy

15. Birthplace: Dixon, Missouri
(City, town, or county) (State or foreign country)

Major findings: 120
Of operations:

Of autopsy:

PHYSICIAN:

Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Fred Foster (mother)

(b) Address: 1032 S. Fort, Spfld, Mo.

17. (a) Burial (b) Date thereof: 6-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Piscatah Cem.

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?.....

18. (a) Signature of funeral director: ALMA LOHMEYER FUNERAL HOME

(b) Address: 534 St. Louis St. Spfld, Mo.

19. (a) 6-11-46 (b) Dr. H.S. Handley
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (c) Means of injury.....

23. Signature: Bruce Lemmon (M. D. or other) 0
Address: 600 Med. Arts, Springfield, Mo. Date signed: 6-10-46

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

9
2
6

1000

31

6

0

6 wks.

PHYSICIAN

0

4

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... *Frank Grable*

Licensed Embalmer No. *4140*

P. O. Address... *Springfield, 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.