

No. 2
-5-43
5-17-39
I X36671

FILED AUG 19 1946

Registration District No. 147 Primary Registration District No. 1002

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: ST. LUKES HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days) 70 years
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3410 BALTIMORE AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. MARY B FOSTER

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Foster 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 12 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Bardman Beach

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

14. Maiden name Belle Clements

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

16. (a) Informant Mrs. A. D. Hobart

(b) Address 7410 High Drive

17. (a) Burial (b) Date thereof 8-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dorest Hill

18. (a) Signature of funeral director A. H. Newcomer's Lane

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-10-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 8TH
year 1946 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from 7-4-46
_____ 19____ to 8 Aug. 1946;
that I last saw her alive on 8-3-46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration _____ years
Due to Generalized arteriosclerosis, atherosclerosis
Due to 93-D
Other conditions Arteriosclerotic gangrene, right foot
(Include pregnancy within 3 months of death)

Major findings: gangrene right foot for which amputation done
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. W. Greene (M. D. or other) MD
Address 1103 Grand Kansas City Date signed 8-9-46

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

MOTHER FATHER

1052
1:30-4

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 Melvin Miller
Licensed Embalmer No. 4407
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.