

FILED AUG 19 1946

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 4 mos. 9 ds
(Specify whether years, months or days)

In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 523 Grand
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES FOSTER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 7 3 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farm work

11. Industry or business Unknown

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Jackson County Home Records

(b) Address Rt 4 - Indep Mo

17. (a) Removal Removal (b) Date thereof 7-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas Hwy. Lawrence

18. (a) Signature of funeral director N. B. Langford

(b) Address Lee Summit Mo

19. (a) 7/1/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29
year 1946 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to June 29 1946
that I last saw him alive on June 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions 13!
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 7/9/46

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

MOTHER FATHER

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 W.B. Langford
Licensed Embalmer No. 3833
P. O. Address Lee's Summit, 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.