

FILED SEP 4 1946
Registration District No. 183

Primary Registration District No. 4296

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Browning 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Robert Eugene Foster

3. (b) If veteran, name war: --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5
year 1946 hour 9:30 minute 30 PM.

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife: ---- 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased June 5, 1936
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16 1946 to Aug 5 1946
that I last saw him alive on Aug 4 1946
and that death occurred on the date and hour stated above.

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

7 2 _____ hr. _____ min.

Immediate cause of death: Lung abscess - left lung Duration 4 weeks
Osteomyelitis left humerus 7 weeks

9. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Play

Major findings: 1148

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name Vernie A. Foster

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

14. Maiden name Gracie Warrinton

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

16. (a) Informant Vernie A. Foster

(b) Address _____

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? _____

17. (a) Burial (b) Date thereof 8-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humphery Mo.

18. (a) Signature of funeral director _____

(b) Address Browning, Mo.

While at work? _____ (Specify type of place)

Means of injury 0

23. Signature J.P. Medtler (M. D. or other) _____

Address Browning Mo Date signed _____

19. (a) Aug 26 1946 (b) Elna Cookshanks
(Date received local registrar) (Registrar's signature)

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

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 Gerald Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.