

S. No. 2  
—12-45  
5-17-39,  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 12 1946**  
Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33533

State File No. \_\_\_\_\_  
Registrar's No. 4515

Primary Registration District No. 1002

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:  
3015 COLLEGE AVENUE 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 40 YEARS years, months or days)

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. 3015 COLLEGE AVENUE 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. BULAH MORROW FOSTER  
3. (b) If veteran, name war No  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCTOBER day 25<sup>TH</sup>  
year 1946 hour 11 minute 45 A.M.  
21. I hereby certify that I attended the deceased from  
19, 1946, to 19  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. GEORGE H. FOSTER  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased AUGUST 22 1904  
(Month) (Day) (Year)

Immediate cause of death Suicide by hanging  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
42 2 3 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 104 a  
Major findings: Of operations \_\_\_\_\_  
Of autopsy no  
Histology & Paraffin section

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

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_  
12. Name GEORGE HENRY MORROW  
13. Birthplace KY  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY SWENEY  
15. Birthplace VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Lead Doctor  
(b) Address 3015 College Ave. City  
17. (a) BURIAL (b) Date thereof OCT-29-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. MORIAH CEMETERY

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 10-25-46  
(c) Where did injury occur? 100 W. Main St  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

18. (a) Signature of funeral director O. N. Newcomer, Son  
(b) Address 1401 BRUSH CREEK BLVD.  
19. (a) 10-28-46 (b) Stearldin Holmes  
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place) (e) Means of injury Rope  
23. Signature James C. Hill (M. D. or other) Board  
Address 1424 1/2 W. 11th St Date signed 10-26-46

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**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.**