S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36124

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1337

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 324 North 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Miss ouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 324 North 7th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME May Foster
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
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 ? (Month) ? (Day) 1874 (Year)

8. AGE: Years about 72 Months ? Days ? If less than one day ..... hr. ..... min.

9. Birthplace Galveston (City, town, or county) Texas (State or foreign country)
10. Usual occupation retired pratical nurse
11. Industry or business Nursing
FATHER
12. Name John C. Foster
13. Birthplace Unknown (City, town, or county) West Virginia (State or foreign country)
MOTHER
14. Maiden name Evaline C. Johnson
15. Birthplace Cumberland (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. W. A. Scott
(b) Address 324 N.7th St. Joseph, Mo.
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 11/30/46 (Month) (Day) (Year)
for cremation at Elmwood Cemetery
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director Heaton BeSole + Bowman
(b) Address St. Joseph, Mo.
19. (a) Dec.4,1946 (Date received local registrar) (b) E.G. Jenkins by Jayne Mann (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 26th year 1946 hour 1 minute 15 P M.
21. I hereby certify that I attended the deceased from Nov 26th 46 Viewed, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B. W. Tadlock Coroner (M.D. or other)
Address B. W. Tadlock King 444 Date signed 11/26/46
St. Joseph, Mo. 13 Ldg

(Licensed Embalmer's Statement on Reverse Side)

382

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. Eugene Wood

Licensed Embalmer No. 3804

P. O. Address. 319 South St. Joseph, M

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.