

S. No. 2  
DM-5-143  
v. 5-17-39  
I X38571

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 24 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

39842

State File No. ....

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 426

**1. PLACE OF DEATH:**

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution:  
540 North Main Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community One Year  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 540 N. Main St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Ollie C. Avery Foster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security, No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 11th  
year 1946 hour 9 minute 30 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife William Foster 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 12, 1881  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
December 6, 1946, to December 11, 1946  
that I last saw h. er alive on December 10, 1946  
and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>65</u> | <u>4</u> | <u>0</u> | hr. _____ min. _____ |

Immediate cause of death Cerebral Carcinoma Duration 2 mo.

Due to Carcinoma of breast 3 yrs

Due to \_\_\_\_\_

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 50

**MOTHER** {

11. Industry or business \_\_\_\_\_

12. Name Mr. Meddlin

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

14. Maiden name Unknown

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

**PHYSICIAN**

Major findings: Carcinoma of breast  
Of operations D. B. Elrod M. D., Surgeon  
Of autopsy None

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ruby Groves

(b) Address Peoria, Illinois

17. (a) Burial (b) Date thereof 12/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

**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? \_\_\_\_\_

18. (a) Signature of funeral director James R. Carly  
(b) Address Cape Girardeau, Missouri

19. (a) 12-17-1946 (b) E. C. Summers  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. or other \_\_\_\_\_

Address 131 N. Ellis St., Cape Girardeau, Mo. Date DEC 14 1946

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

38000

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 1246-3011  
Date Filed 12-23-40

**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 James Richard Cady  
Licensed Embalmer No. 43098  
P. O. Address Cape Girardeau, 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.