

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1934

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:
2445 SPRUCE AVENUE
(If not in hospital or institution, write street number or location)

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

In this community 57 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. 2445 SPRUCE AVENUE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LAURA ELIZABETH FOSTER

3. (b) If veteran, name war NO

3. (c) Social Security No. 1010E

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. DAVID FOSTER Sr.

6. (c) Age of husband or wife if alive 95 years

7. Birth date of deceased JULY 24 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business HOUSE WIFE

12. Name WILLIAM VAUGHN

13. Birthplace HALLIFAX CO. VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH J. BRANDON

15. Birthplace HALLIFAX CO. VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant David Foster, Sr.

(b) Address 2445 Spruce

17. (a) BURIAL (b) Date thereof 5-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director D. M. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-30-47 Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28th
year 1947 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from June, 1946 to April 28, 1947
that I last saw her alive on April 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio sclerosis

Due to sinusitis

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

Major findings: Of operations 830

Of autopsy none

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)

(c) Means of injury _____

23. Signature Reeth Terry (M. D. or other) MD

Address 4800 E. 24 Date signed 4-29-47

Duration 5 Days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

4800 East 34th Street
1:30 - 4:00

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.....

John E. Fraking, Registered Apprentice No. *5064*
working under my personal supervision.

Signed *E. O. Mottley*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.