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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30809

Registration District No. 98 | Primary Registration District No. 5365 | Registrar's No. 91

1. PLACE OF DEATH

(a) County: Daviess Rural Township
(b) City or town: Gilman City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Harrison
(c) City or town: Ridgeway
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: No.

3. (a) PRINT FULL NAME: Rebecca Catherine Foster

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: John W.

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

7. Birth date of deceased: 5-10-1869 (Month) (Day) (Year)

8. AGE: Years 78 | Months 1 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace: Harrison County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

FATHER
12. Name: James Smith
13. Birthplace: do not know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emma Tippit
15. Birthplace: do not know (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ed Dale
(b) Address: Gilman City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview

18. (a) Signature of funeral director: M. S. Hare
(b) Address: Bethany Mo.

19. (a) 8-24-47 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6 year 1947 hour 11 minute 5 A.M.

21. I hereby certify that I attended the deceased from July 4, 1943, to July 7, 1947, that I last saw her alive on July 7, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 83A

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: J. C. Walker (M. D. or other) D.O.
Address: Gilman City Mo. Date signed: July 30 1947

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 M B Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.