S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

Registration District No. 217

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5786

35089

State File No.

Registrar's No. 97

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charleston (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 3, Box 150
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: /
In this community: 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi 67
(c) City or town: Charleston (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 3, Box 150 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: ———

3. (a) PRINT FULL NAME: Wash Foster
3. (b) If veteran, name war: ———
3. (c) Social Security No.: ———
4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Mary Foster
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: April 15, 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	5	28	hr. min.

9. Birthplace: Olive Branch, Miss. (City, town, or county) / (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: Unknown 9
13. Birthplace: " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: " 7 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mary Foster
(b) Address: R. 3, Box 150, Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: J. J. Sparks
(b) Address: Cape Girardeau, Missouri
19. (a) 10-20-47 (Date received local registrar) Mrs. John Bondurant (Registrar's signature) 46

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 year 1947 hour 1: minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct. 13 1947 to Oct 13, 1947 and that I last saw him alive on Oct. 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	
Due to: Hypertension	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None 63A
Of autopsy: None

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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) (e) Means of injury: 0
23. Signature: Hayden D. Alexander (M. D. or other)
Address: 1209-Washington, Cairo, Ill. Date signed: Oct. 16, 19

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 10-47-1384
Date Filed 10-27-47

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 Frank Sparks

Licensed Embalmer No. 3455

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.