

S. No. 300  
M-10-47  
5-17-39  
I 3906

19972

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 15 1948  
Registration District No. 2984

Primary Registration District No. 3033

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution 919 Franklin Ave 1  
(If not in hospital or institution, write street number or location)

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

In this community Musty Lufu  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. 919 Franklin Ave  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDA SUSAN FOSTER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8  
year 1948 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 30 1948 to May 8 1948  
that I last saw her alive on May 6 1948  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife ANDREW B. FOSTER

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

7. Birth date of deceased: 1 (Month) 19 (Day) 1860 (Year)

Immediate cause of death Myocardial infarction

Due to Myocardial degeneration  
arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 88 Months 3 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rockledge, Co. VA. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation MGR. BOARDING HOUSE

11. Industry or business BOARDING HOUSE

MOTHER FATHER

12. Name DANIEL SWIDER

13. Birthplace VA. 1  
(City, town, or county) (State or foreign country)

14. Maiden name BETSY GABBADAY

15. Birthplace VA. 1  
(City, town, or county) (State or foreign country)

Physician [Signature]

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. ESTE DE BERRY

(b) Address LEXINGTON, MO

17. (a) Burial (b) Date thereof 5-10-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEXINGTON, MO

18. (a) Signature of funeral director [Signature]

(b) Address Leavenworth, MO

19. (a) 6-9-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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)

Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. number) \_\_\_\_\_  
Address Leavenworth, MO Date signed 5-9-48

Payne

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-14-48

JAN 26 1949

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 L. W. McKeen

Licensed Embalmer No. 2983

P. O. Address Levington 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.