

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:  
 (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St Johns Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene 39  
 (c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
 (d) Street No. 831 E Delmar 0  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country No

3. (a) PRINT FULL NAME WILLIAM YANCEY FOSTER  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ivah B Foster 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: May 2 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 0 If less than one day hr. min.

9. Birthplace: Allenton Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business College Teacher

12. Name George R Foster

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

14. Maiden name Martha E McCowan

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Ivah B Foster (Wife)  
 (b) Address 831 Delmar, Springfield, Mo.

17. (a) Burial (b) Date thereof 9-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
 (b) Address Springfield, Missouri  
 19. (a) 9-3-48 (b) W.E. Handley MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2  
 year 1948 hour 2:40 minute A. M.  
 21. I hereby certify that I attended the deceased from April 6,  
1948 to Sept. 1, 1948;  
 that I last saw him alive on Sept. 1, 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with Liver Metastasis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions None 246  
(Includes pregnancy within 3 months of death)

Major findings: None 12  
 Of operations None  
 Of autopsy None  
 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) 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 William D. Darr 0 (M.D. or other)  
 Address Springfield, Mo. Date signed 9/2/48

APR 20 1947

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**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..... *Bernard F. Wright*

Licensed Embalmer No. *4293*

P. O. Address *Springfield, 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.**