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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1948

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Delzell

State File No. 32575

Registrar's No. 966

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: 1466 East Mill St. 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 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1466 East Mill St. 5
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME John D. Foster

3. (b) If veteran, name war none

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Lydia Foster

6. (c) Age of husband or wife if alive 1869

7. Birth date of deceased March, (Month) 15, (Day) ~~1879~~ (Year)

8. AGE: Years 79 ~~69~~ Months 8 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Dallas (City, town, or county) Texas (State or foreign country)

10. Usual occupation Retired

11. Industry or business Stockman

MOTHER FATHER

12. Name Julian Foster

13. Birthplace Marshfield, (City, town, or county) Missouri (State or foreign country)

14. Maiden name Elizabeth Turner

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

16. (a) Informant William Foster

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director Herman H. Lohmeyer

(b) Address Springfield, Missouri

19. (a) 11-8-48 (Date received local registrar) (b) W. E. Handley, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1948 hour 4 minute p. M.

21. I hereby certify that I attended the deceased from Nov 2, 1948 to Nov 4, 1948 that I last saw him alive on Nov 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration

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 W. A. Delzell (M. D. or other)

Address Springfield Mo Date signed Nov 4 1948

(Licensed Embalmer's Statement on Reverse Side)

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 Robert Wm McGraw, Registered Apprentice No. 2277 working under my personal supervision.

Signed Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri } ss.
County of Greene }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 966

On this 7 day of Dec., 1948, before me appears H.H. Lohmeyer, who, upon on oath, states that the original record of ~~birth~~ death for John D. Foster, died ~~born~~ Nov. 4, 1948, in the State of Missouri, and which was filed at Springfield, Mo. on Nov. 8, 1948, should be corrected as follows:

Item No. 7 should read March 15 1869
Instead of March 15 1879

Item No. 8 should read 79 Years 8 Months 19 Days
Instead of 69 Years 8 Months 19 Days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant H. H. Lohmeyer Funeral Director
Relationship.

500 E. Walnut, St.
Springfield, Mo.
Present Address.

Subscribed and sworn to before me this 7 day of Dec., 1948

My Commission expires MY COMMISSION EXPIRES JULY 14, 1951. Walter E. Hamilton Notary Public.

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