

FILED NOV 15 1948

State File No. _____

Registration District No. 766

Primary Registration District No. 4254

Registrar's No. 13

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

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Knob Noster
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson 51
 (c) City or town Knob Noster
 (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 _____

3. (a) PRINT FULL NAME John Calvin Foster
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male (M) 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 22 1870
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct 31 day 31 year 1948 hour 4:00 minute a.m.
 21. I hereby certify that I attended the deceased from Oct 15 1948 to Oct 31 1948
 that I last saw him alive on Oct 31 1948 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 78 8 9 hr. min.
 9. Birthplace Knob Noster Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired merchant

Immediate cause of death
 (1) Coronary Occlusion
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Thomas S. Foster
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Carol
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant C. F. Foster
 (b) Address Knob Noster, Mo.
 17. (a) Burial (b) Date thereof 11-1-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Knob Noster cemetery
 18. (a) Signature of funeral director W. Raymond Baker
 (b) Address Knob Noster, Missouri
 19. (a) 11/1/48 (b) Emma L. Post
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy _____
 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) (e) Means of injury _____
 23. Signature _____ (D. or other)
 Address Knob Noster Date signed 11/1/48

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

W. Raymond Baker....., Registered Apprentice No. *25*
working under my personal supervision.

Signed..... *C. L. Sault*.....

Licensed Embalmer No. *1086*.....

P. O. Address *Knob Noster M*.....

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.