

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

15861

1981

BIRTH NO. 28-364-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1802 Registrar's No. ....

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

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <b>JACKSON</b>			a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>27 hrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>			d. STREET ADDRESS (If rural, give location) <b>1609 Park Avenue</b>		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <i>Infant</i>	b. (Middle)	c. (Last) <b>FOSTER</b>	(Month) <b>APRIL</b>	(Day) <b>18</b>	(Year) <b>1949</b>

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>APRIL 17 1949</b>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JOHN FOSTER</b>	13b. MOTHER'S MAIDEN NAME <b>DOROTHY TERRY</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DOROTHY FOSTER</b>	ADDRESS <b>1609 Park Avenue</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PREMATURE BIRTH</b> <b>NEONATAL DEATH</b>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/17/, 1949, to 4/18/, 1949, that I last saw the deceased alive on 4/18/, 1949, and that death occurred at 8:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Frank Ellis</i>	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>4/28/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5-20-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Municipal Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Red Station K.C. Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-6-49</b>	REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm A. Johnson</i>	ADDRESS <b>K.C. Mo.</b>
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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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Wm A. Schuyler*

Licensed Embalmer No. \_\_\_\_\_

*3089*

P. O. Address \_\_\_\_\_

*TC 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.