

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 29 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2731 ASKEW AVENUE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL							
3. NAME OF DECEASED (Type or Print) FLORENCE ELIZABETH FOSTER			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) OCT-17-1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY-27-1878	
9. AGE (In years last birthday) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) WARRENSBURG, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES TAYLOR BRISON		13b. MOTHER'S MAIDEN NAME SARAH ELLIOTT		14. NAME OF HUSBAND OR WIFE WILLIAM T. FOSTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James T. Foster, 2731 Askew, K.C., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia (Lung Infection) Under Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Biliary Cirrhosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 155				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at 10:55 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Russell W. Kerr (Degree or title) and				23b. ADDRESS St. Joseph's Hospital		23c. DATE SIGNED 18 Oct 49	
24a. BURIAL CREMATION-REMOVAL (Specify) BURIAL		24b. DATE OCT. 19, 1949		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 10-18-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE P.W. Newcomer		ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.