

Registration District No. 744

Primary Registration District No. 5976A

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Ray, Richmond
 (b) City or town Merietta
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community mins yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray
 (c) City or town Merietta
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

(FORSTERY) DATE OF DEATH: June 29 1940
 month June day 29
 year 1940 hour 1:40 minute 40 M.

21. I hereby certify that I attended the deceased from April
 _____, 1931, to June 29, 1940
 that I last saw her alive on June 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Completed arthritis
infirmities of old age
 Due to _____
 Due to _____

Other conditions 57A
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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?
965 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature D. J. Smith (M. D. or other) 3
 Address Merietta, Mo. Date signed 6/30/40

3. (a) PRINT FULL NAME Eva. McCray Foster

3. (b) If veteran, name war No 3. (c) Social Security No. no

5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edgar M. Foster 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 9 1851
 (Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Don't Know (City, town, or county) (State or foreign country)

10. Usual occupation knit for 9 yrs.

11. Industry or business _____

12. Name B. M. McCray

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

14. Maiden name Travis & Meager

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. E. McNaught

(b) Address P.O. Merietta, Mo.

17. (a) removed (b) Date thereof 7-3-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bertow Hardia

18. (a) Signature of funeral director R. B. Boggs

(b) Address Hardin Mo.

19. (a) July 3-40 (b) Mabel Jackson
 (Date received local registrar) (Registrar's Signature)

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

(FOR 2157)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-15-40

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.....

R. R. Boggs
....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. R. Boggs*
.....
Licensed Embalmer No. *35-56*
P. O. Address *Hardin, 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.